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THE PRESENT STATUS OF "SCIENTIFIC MEDICINE."*

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"Medical Education in the United States and Canada, a Report to the Carnegie Foundation for the Advancement of Teaching," is the title of a recent bulletin issued by that corporation. It is written by Abraham Flexner, Ph. D., brother of Dr. Simon Flexner, of the Rockefeller Institute, and of another Flexner, both old school physicians. Chapter X is devoted to "The Medical Sects." In my opinion this chapter has given a false impression regarding so-called scientific medicine, and has seriously injured Homœopathy, both in its educational institutions and in its professional practice. Flexner sees no reason why Homœopathy should continue its existence and, apparently without study of its special claims, proposes its annihilation as a separate institution. Undue importance and finality attach to his statements by reason of the influence of the powerful corporation employing his services. He presents his reasons why no specific provision should be made for training homœopathic physicians. To do so is now unnecessary, he says, "for everything of proved value in Homœopathy belongs of right to scientific medicine and is at this moment incorporate in it."

On reading this statement it occurred to your speaker that the only argument to convincingly refute this dogmatic assertion must be found in an examination of the old school literature. Presentation of documentary proof to the contrary must demonstrate the absurdity of Flexner's claim. In order that this proceeding might be perfectly fair and that the cry of age might not be raised, it was determined that nothing should be considered longer from the press than three years. It was found that two books on Therapeutics, Materia Medica and Pharmacology have been published this cur-

*Read at Utica, December 9, 1910.

rent year. Each is from the pen of a recognized old school authority. The first is the work, the fifth edition, of a former associate of my own at the University of Michigan, Arthur R. Cushny, M. A., M. D., F. R. S., now Professor of Pharmacology in the University of London, England, and Examiner in the Universities of London, Manchester, Oxford and Leeds. The second work is by Samuel O. L. Potter, A. M., M. D., M. R. C. P., London, for years Professor of the Principles and Practice of Medicine in the Cooper Medical College of San Francisco. This is the eleventh edition of an exhaustive and popular treatise.

Cushny is an independent and tireless worker. Much, perhaps most, of his material is founded on his own laboratory experimentations. He deals more with pharmacological conclusions than with therapeutic applications. His book, therefore, offers little for the purpose of this discussion. But Potter's! Shades of Samuel Hahnemann! I read under the heading "Pulsatilla," the following:

*"In acute and chronic dyspepsia, characterized by gastric catarrh or subacute gastritis with a white-coated tongue, no taste or a greasy sensation in the mouth, nausea, heart-burn, sick headache, anorexia, depression and diarrhœa, Pulsatilla is a very efficient remedy, given in medium doses. * * * It does good service in intestinal catarrhs, shown by passive, mucus diarrhœa with little pain, which are frequently seen in the febrile affections of childhood, especially measles, mumps, chicken-pox and remittent fever.*

"Pulsatilla is generally credited with specific therapeutical action on the generative organs of both sexes. Epididymitis and orchitis have been often controlled and entirely dissipated by its administration in very small doses, a few drops of the tincture in a glass of water, of which 3j is given every two hours (Piffard, Sturgis). In more than twenty-four cases of acute uncomplicated epididymitis doses of two drops of the tincture every two hours gave immediate relief, the patients wearing a suspensory bandage but not being confined to bed (Borcherin). Doses of five drops aggravated this disorder, while those of m. 1/10 every three hours proved curative (Piffard). In functional amenorrhœa, in scanty or delayed menstruation and in suppression thereof from fright or cold, in ovaritis and in simple leucorrhœa with back pains and nervous depression, it has been found an excellent remedy. Dysmenorrhœa has been removed in several cases by two-drop doses of the tincture given

thrice daily for several days before the menstrual epoch. (Piffard).

"Besides the catarrhal affections of the ocular mucous membrane already mentioned, Pulsatilla has remedial power in certain affections of the eyelids. Its internal administration is said to *effectually blight a sty* if given early, but will not prevent its recurrence. It is an efficient remedy *in recent blepharophthalmia, with profuse lachrymation and meibomian secretion*; and it is said to stop *twitching of the lids accompanied by photophobia*. It has been used with decided benefit *in the earache of children and in recent catarrhal deafness*, also in acute cerebral and spinal meningitis, eclampsia from various causes, asthma, *subacute rheumatism of the small joints, acute rheumatic gout, left-sided clavus, hemicrania and inframammary pain*."

When I read this I turned back to the title-page to be sure I was not mistaken and that this was really from the pen of one of the dominant school. After all, then, Flexner is right, thought I, and, without my knowledge, these three years, full of activities of my own in another direction, have revolutionized the dominant school, and Homœopathy has been appropriated by and incorporated in the other practice!

The more I thought about this and the longer I pondered Potter's words, the stronger grew a conviction that the very language was familiar. Plagiarism is the dictionary word for the "stealing of passages, either word for word or in substance, from the writings of another and publishing them as one's own." I deliberately and intentionally charge Dr. Potter with literally lifting much and paraphrasing more of the material quoted from his article on Pulsatilla from Dr. Richard Hughes' Manual of Pharmacodynamics,* a homœopathic work on materia medica. The most casual examination of the two authors will convince the most unwilling.

It is not sufficient, however, for one or two writers on materia medica to determine what shall or shall not be official, authoritative and standard. Simply to appropriate pages, chapters, and volumes borrowed from our own writers and to include this material in books from the old school press does not mean that it "belongs of right to scientific medicine and is at this moment incorporate in it."

*Words above in Italics, quoted from Potter, are Hughes' own language.—R. S. C.

Unless the things of "proved value in Homœopathy" are actually applied in practice, unless the drugs are administered under the conditions and indications of our own method, unless humanity is actually receiving its benefits, Homœopathy is *not* incorporate in the other practice.

Theology has long discussed transubstantiation as opposed to consubstantiation. Books have been written and blood shed to sustain the argument of either side. Perhaps Flexner uses the word "incorporate" in a theological sense, capable of the same doubt as has existed regarding the true nature of the sacrament. Perhaps, from his standpoint, Homœopathy is incorporate in scientific medicine immediately its truths are written in the sacred ink of its inspired authors! From my standpoint, however, Homœopathy is not incorporate in "scientific medicine," so-called, until the authorities in that school and its practitioners actually accept and apply its precepts according to rule. Let us consider, therefore, the records of its scribes and high priests; then, and not till then, can we decide whether or not Homœopathy has been absorbed by the older system.

I doubt if any practitioner of Homœopathy is so blindly a follower of any cult, the devotee of a doctrine which has become almost a religion, that he is unwilling for the benighted to receive light, and, if need be, to give up his alleged sectarianism when his long studied theories have at last been universally accepted. I am sure the dream of every homœopathist is that blissful day when scientific medicine shall have accepted *Similia similibus curentur* as its rule of action and the small dose as a natural corollary. If these are now actually incorporate in the bedside practice of scientific medicine, so far as this speaker is concerned, he is ready to say most joyfully: "Lord, now lettest thy servant depart in peace!"

To determine, not the theories of its authorities on *materia medica*, but the actual recommendations of its *practitioners*, I shall now turn to the writers on the practice of medicine. I do this because I know of Prof. Cushny, at least, that so far as the actual practice of medicine is concerned he knows little more about it than would the dean of a female seminary. I say this in no mean spirit, because I admire and respect his laboratory ability and appreciate to the highest degree his scientific and well trained mind. But he is not a practitioner and never has been; I doubt if he ever independently treated any case of illness. He never pretended to be

anything more than a research scientist. While a man of remarkable ability, after all Cushny must be classified as an ultra-scientist.

The trouble with the ultra-scientist is that he is so afraid of formulating any conclusion, that he spends years—a life time indeed—in experimenting. His aim is to collect an enormous number of facts, to test and retest these facts, hoping eventually to so arrange them as to make it possible to write an incontrovertible conclusion. The scientist, however, in the last analysis, never does reach any conclusion. He is so fearful that some other worker in the same field may upset any conclusion reached that he dare not make it. If humanity were to depend upon conclusions actually presented by the ultra-scientific world, there would never—certainly, within the limits of this generation—there would never be any system of therapeutics presented for its good. Dealing, as the physician is, with the human economy, a complex organization which may never be understood in all its ramifications, it is doubtful if any system of medication for the cure of disease will ever be formulated which is truly and strictly scientific, as scientific conclusions are estimated by the ultra-scientist. Innumerable instances of the same thing can be recited in mechanics, in physics, in horticulture, where a crude and unscientific mind, but, yet a mind possessed of great common sense, has hit upon some method of successfully dealing with a problem which has defied the scientists in that line for all time. Ultra-scientists must, of necessity, become frequently the laughing stock of the world. Take the recent example, for instance, of Halley's comet. If a medical man had made as many laughable blunders regarding the treatment of disease as astronomers made regarding the tail of that comet, his license would be taken away from him and he would be sent out to herd sheep.

Cushny himself recognizes the natural conflict between laboratory and practice, between the research man and the practitioner. In the introduction of his book, he laments the slow advances of pharmacology, saying that this lack of progress "is partly due to its position midway between the biological sciences and practical therapeutics, for, while the biologist confounds it with clinical study, the clinician regards it as an experimental science. Its relation to biology has already been mentioned and its relation to practical therapeutics is no less close, for the effects of drugs in disease are as much a part of pharmacology as is their action in the normal or

ganism. The aims of the pharmacologist and the clinician are not identical, however. The former seeks to solve the problem how the drug acts in a given case, while the primary object of the latter is to remedy the condition by any means in his power. Thus, in a case of heart weakness, the clinician prescribes some remedy which he has found of benefit in other similar cases, and regards only as of secondary interest the question which to the pharmacologist is the absorbing one, namely, whether the drug acts on the heart directly or through some other organ. Of course, the results are of mutual advantage, for the physician supplies the experimental investigator with new facts and with new fields of inquiry, while the latter may indicate more exactly the conditions in which the drug is likely to be of benefit in the future by defining the method in which it acts. It is, therefore, much to be regretted," Cushny thinks, "that differences of opinion so often arise between these two classes of observers, for these can only retard the progress of both the science and the practical art. Doubtless there are often faults on both sides. The scientist sometimes insists too strongly on inductions drawn from a limited number of animal experiments, and refuses to admit results which have been obtained in thousands of cases of disease by competent observers. On the other hand, the therapist often lays too little weight on the general principles governing the interaction of the drug and the organism. Both often exceed the limits of their provinces, the scientist in refusing to admit effects of which he has perforce but a small experience, the clinician in attempting to refute deductions founded on experiments which he has no opportunity of performing."

Cushny himself, of course, is essentially a pharmacologist and not a clinician. It would not be fair, then, to consider his views and teachings except so far as they are followed by the *practitioners* of his school. It is not the teaching of the pulpit, but the practice of the pew that determines the real moral level of the church. We will investigate the actual practice of the old school, then, by accompanying its *practitioners* in their daily walk.

"A Text Book of the Practice of Medicine," second edition, is given to the profession by Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics in the Jefferson Medical College, of Philadelphia. Professor Hare devotes the first forty pages of this thousand page volume to a discussion of typhoid fever. With the

elaborate consideration given pathology, symptoms and diagnosis, the diet and general treatment, it is disappointing to have the medical treatment disposed of in such an off hand way. He dismisses the medical treatment by condemning antipyretics, sneering at quinine, and making brief reference to stimulants and intestinal antiseptics. "Drugs are not to be given," this writer says, "if they can be avoided, that is, they are not to be used unless they are certainly needed to combat some definite condition which should be alleviated."

Let us make our next visit to a typhoid fever patient under the preceptorship of James M. Anders, M. D., Ph. D., LL. D., Professor of Medicine and Clinical Medicine at the Medico-Chirurgical College, Philadelphia. His book on the "Practice of Medicine" was finished just one year since and has been off the press but a few months. Eleven pages are devoted to treatment. The usual intestinal antiseptics are considered and attention is given to the treatment of individual symptoms and complications. Various analgesics for the headache, insomnia and delirium, champagne for the vomiting, astringents and opium for the diarrhoea, calomel for constipation are old as the hills. Remedies for their dynamic effect are absolutely unmentioned except in a brief reference to curative inoculations with cultures of serum. This form of treatment we will discuss later.

Philadelphia seems the natural habitat of writers on the practice of medicine, so we will consider the book of another, James Tyson, M. D., Professor of Medicine in the University of Pennsylvania. This author mildly commends nitrate of silver in quarter grain doses, together with opium, in the diarrhoea. Astringents, turpentine and antiseptics are given their usual place and Wright's vaccine considered.

In order that this discussion may be international in character and not open to the criticism of provincialism, we will now cross the pond and consider the methods of Thomas Dixon Savill, M. D., London, Post-Graduate Lecturer to the London Post-Graduate Association. He, too, has a thousand page book on "Clinical Medicine," completed in September, 1909. He devotes one-third of a page to medical treatment, and of such remedies as are mentioned says: "These are not of much value, and treatment by drugs is chiefly symptomatic."

To omit the name of William Osler, M. D., Professor of Medicine in Oxford University, would be little short of heresy. The seventh edition of his *Practice* is just from the press, and the least that can be said is that Osler remains consistent to his long time position. Medicinal treatment of typhoid is quickly disposed of, and he states that "in hospital practice medicines are not often needed. A great majority of my cases do not receive a dose. In private practice it may be safer, for the young practitioner, to order a mild fever mixture."

Here endeth the treatment of typhoid, except by inoculation, and in these few sentences are the alpha and omega of old school medical practice. If Homœopathy is at this moment incorporate in such poverty stricken therapeutics, we have been misled, misdirected and tremendously mistaken.

I appreciate the fact that my old school disputant, if he is up in the argument, will at once say: "It isn't fair to take typhoid fever, because that is a self-limited disease and does not yield to medical treatment; it is necessary simply to sustain the patient and nature will effect the cure." In this connection it is not essential to prove that Homœopathy has shortened the natural history of this disease and has reduced its death rate. I say in passing, however, that this proof is available, and, even in these days of alleged degeneracy, Homœopathy is still able to cope with dread typhoid and to put to shame the medical impotency of the dominant school. Flexner must hide behind the skirts of his language and deny that Homœopathy has produced anything of proven value in typhoid fever, or else admit that homœopathic methods in this disease, at least, are not incorporate in "scientific medicine," so-called. There is certainly as much of proven value in the homœopathic use of Bryonia, Baptisia, Arsenicum, Veratrum and Nitric acid in the treatment of typhoid as in Cinnamon oil, Nitrate of silver and Eserin, casually mentioned by the old school authorities quoted. If Homœopathy is incorporate in "scientific medicine," it is passing strange that it does not somewhere appear, at least, in a footnote in all these pages devoted to typhoid fever. Carlyle speaks of the fly on the hub of the wheel and its self-satisfaction in the thought that it propelled the wagon. If Homœopathy is incorporate in the "scientific" treatment of typhoid fever, it must bear the same relation to the cure of this disease that the fly did to the locomotion of Carlyle's wagon. Let not

Dr. Flexner for one moment delude himself into thinking the homœopathic profession and patrons are so simple minded. Homœopathy and its proven value are no more incorporate in the dominant practice than were truth and virtue incorporate in the morals of a Roman Senator.

I do not care to leave this argument with reference to but one disease. Otherwise, it might be said typhoid was chosen for some ulterior reason and that the conclusions drawn should not be universally applied. The medicinal treatment of a few other conditions is, therefore, presented:

Pleurisy.

Osler: "Medicines are rarely required."

Hare: "The employment of purges, diuretics, or diaphoretics is futile in almost every instance."

Tyson: "Anodynes—morphine hypodermically is the best—are often necessary to relieve the pain, and must sometimes be repeated. While I have known repetition to be inefficient and unsatisfactory, when a blood letting produces prompt relief."

Anders: "The internal remedies embrace quinine, the salicylates, and opium." "Mild hydragogue cathartics, and especially the salines, stimulate absorption."

Savill: "At the onset give an aperient and a diaphoretic mixture, with, perhaps, a few grains of Dover's powder to soothe the pain." Later, he recommends "expectorants such as ammonium carbonate, syrup of tolu, senega, and squills." "During the stage of recovery tonics and cod liver oil are called for."

Scarlet Fever.

Savill: Says "antistreptococcus serum has been tried."

Osler: "Ordinary cases do not require any medicine, or, at the most, a simple fever mixture, and, during convalescence, a bitter tonic."

Anders: Speaks only of stimulants in heart-enfeeblement.

Hare: "Medicinally, it is usually well in cases of scarlet fever to prescribe from the first a mild alkaline diuretic, of which, perhaps, the best is 5 grains of citrate of potassium with 20 drops of sweet spirit of nitre in water, three or four times a day, to a child of eight years, giving, at the same time, copious quantities of such pure

water as the non-sparkling water from Poland Springs, or any other spring water which contains a very small amount of organic and inorganic matter. By these means we flush the kidneys of toxic substance, which, in a concentrated form, might produce serious renal irritation."

Tyson: "The official solution of citrate of potassium, or of the acetate of ammonium combined with the spirit of nitric ether." Here he almost incorporates Homœopathy, for he adds: "Or a couple of drops of aconite with a little flavoring syrup is useful." He also mentions the antistreptococcus serum.

Croup. (Spasmodic Laryngitis).

Tyson: "The irritative cough may require to be relieved by *anodynes*, which may consist of small doses of opium or some one of its preparations or derivatives. *Expectorants* are of doubtful value."

Hare: "Internally a dose of 5 to 10 grains of bromide of sodium may be given in syrup."

Anders: "An emetic should be given at once, the best being a mixture of alum and syrup of ipecac." "Between the paroxysms the patient should receive a mild laxative, such as calomel or castor oil."

Savil: "Bromides and chloral in small doses."

Osler: "Too often the poor child, deluged with drugs, is longer in recovering from the treatment than he would be from the disease." To paraphrase Osler, himself, he has never had the placid faith of the simple believer, instead of the fighting faith of the aggressive doubter; hence, I suppose he has no besetting sin in the matter of treatment. His reply to this would be, probably, that I do not "appreciate the difference between the giving of medicine and the treatment of disease."

Thus is Homœopathy incorporate in scientific medicine! Even Potter, who has borrowed so freely from homœopathic sources, overlooked, in this condition, all our remedies except aconite.

Nervous Dyspepsia.

Tyson: Dilute HCl, of course. "The neuro-tonics, strychnine, gentian, nux vomica, taken with meals, are helpful, but too much medicine is harmful."

Anders: "Nerve tonics combined with nerve stimulants are often serviceable." "Strychnine, if perseveringly used, and if coupled with a change of air, often proves beneficial."

Osler breaks his rule and recommends in various phases and forms of the condition such remedies as nitrate of silver, chloroform, morphine, iron and bismuth.

Savill is braver: "Alkalies and alkaline carbonates shortly before meals, combined with nux vomica, bitters, and carminatives." "Some find aid in pepsin, pancreatin, peptenzyme, taka-diastrase, or other artificial digestive." "Peppermint, sp. chloroform, rhubarb, cinnamon, ginger, cardamons, pepper, and charcoal are all useful."

Alas! Potter's *Pulsatilla* is not included even in this long list of our English confrere!

I have taken pains to compare the treatment of all these conditions with that recommended in the fourth edition of the *Practice of Medicine*, by John Mackintosh, M. D., Lecturer on the Practice of Physic in Edinburgh, etc. This book was issued in the summer of 1844, sixty-six years ago. I am stating the fact when I say there is no substantial difference between the recommendations of this ancient classic and the old school volumes of last year. In 1844, in addition to all the remedies named in 1910, leeching and bleeding were added. These only have disappeared, to be replaced by the hypodermic use of certain experimental sera and vaccines. Unless Homœopathy's early protest against leeching and bleeding is the evidence of its incorporation in scientific medicine, there remains only the vaccine treatment of disease to make true Flexner's assertions.

But there is small wonder that the dominant school should be confessedly therapeutically nihilistic. What a commentary on science that after these centuries there should be so little of positive reliability! Indeed, Prof. W. S. MacCallum, in an address to the faculty and students of the College of Physicians and Surgeons of Columbia University, at the opening of college a few weeks ago, made a fresh and startling admission. Prof. MacCallum declared that medicine has found a cure for only four diseases. These are (1) diphtheria by antitoxin, (2) spinal meningitis by the Rockefeller Institute discovery, (3) malaria by quinine, (4) tetanus by antitoxin—and possibly a blood disease by a new but perhaps not yet

fully proved treatment. In an address before the Ontario Medical Association last year Prof. Osler discussed the things a recent graduate should know and do. His last advice was this:

"From the day the student enters the hospital until graduation, he should study under skilled supervision the action of the few great drugs. Which are they? I am not going to give away my list. A story is told that James Jackson, when asked which he considered the greatest drugs, replied: 'Opium, mercury, antimony and Jesuit's bark; they were those of my teacher, Jacob Holyoke.' 'Yes,' replied his interlocutor, 'and they were those of Holyoke's master, James Douglass, in the early part of the eighteenth century.' Mine is a much longer one! The student should follow most carefully the action of these drugs, the pharmacology of which he has worked out in the laboratory. He should be sent out from the hospital knowing thoroughly how to administer ether and chloroform. He should know how to handle the various preparations of opium. Each ward should have its little case with the various preparations of the ten or twelve great drugs, and when the teacher talks about them he should be able to show the preparations. He should day after day personally give a syphilitic baby inunctions of mercury; he should give deep injections of calomel, and he should learn the history of the drug from Paracelsus to Fournier. He should know everything relating to the iodides and the bromides, and should present definite reports on cases in which he has used them. He must know the use of the important purgatives, and he should have a thorough acquaintance with all forms of enemata. He should know cinchona historically, its derivatives chemically, and its action practically. He should study the action of the nitrites with the blood pressure apparatus, and he should over and over again have tested for himself the action, or the absence of action, of strychnine, alcohol and other drugs supposed to have a stimulating action on the heart and blood vessels. While I would, on the one hand, imbue him with the firmest faith in a few drugs, 'the friends he has and their adoption tried,' on the other hand, I would encourage him in a keenly skeptical attitude towards the pharmacopœia as a whole, ever remembering Benjamin Franklin's shrewd remark that 'he is the best doctor who knows the worthlessness of the most medicines.' "

And yet these helpless, impotent, resourceless physicians are to

be sent out to pretend to cure the diseases of the people! And after centuries and ages of study there are confessedly but "*ten or twelve great drugs!*" And a comparison of their uses now and seventy years ago shows absolutely no advance! This is a horrible spectacle! What would happen if the public really and fully understood the whole truth regarding old school medicine?

Conservative and observant physicians of the old school have come to recognize the malevolent results of drugs. Naturally, they have lost confidence in them and a large number have practically abandoned therapeutics. This lack of confidence in drugs, added to almost reverential devotion to the laboratory ideas, has developed the Osler school of medical practice. Its slogan, as we have said, is: "He is the best doctor who knows the worthlessness of most medicines." The practice of medicine with most followers of this thought is a chase after scientific facts. The game is won by a careful record of the onset, course and effects of the disease, by a study of the bacteriological peculiarities of the attack, by a systematic examination of the secretions and excretions, and, finally, by a radical post-mortem examination to confirm the ante-mortem conclusions.

Your speaker does not wish to be unfair. He does not include all in this class by any means. He respects and admires many of the other profession who are known to him as honest, conscientious men and women. In common with ourselves these join in protest against the present day trend. Take the language of Sir Dyce Duckworth, of London, for instance. In speaking before the Faculty of Medicine in Paris, a short time ago, Sir Dyce said:

"We are, I much fear, suffering in these days from a widely spread spirit of incredulity, timidity, and hopelessness in the whole realm of therapeutics. We spend much time in cultivating elaborate diagnosis, and this is quite right, but we grievously neglect our main business as healers and mitigators of disease. Our knowledge of the *materia medica* has declined out of all proportion to that gained by the progress of bacteriology, which claims to supersede the older therapeutical art. It will never supersede it, for there are, as Sir William Jenner said, but two great questions to be answered at the bedside of a sick man—what is the matter with him? and what will do him good? Are we not too apt to-day to forget the second question, to experiment with synthetical novelties, and to forget the

old long-approved remedies? In short, are we not, as physicians, slowly drifting into the position of abstract scientists and gradually losing our proper relation to the sick as skillful medical artists?"

Were the subject ended here, your speaker would be counted an iconoclast, and the discussion fruitless. But it need not rest at this point, as we shall see.

There once lived a physician whose contemporaries differed from ours. His confreres, unlike ours, had faith, at least their works indicated a living and riotous faith, in drugs. Huge boluses, horrid concoctions, vile mixtures, and impossible combinations were the rule. No matter what form the prescription took, however, there was consistency, at least, in this, that each dose carried a gigantic amount of drug substance. In protest against these massive doses, this physician of whom we speak proposed a single remedy, to be administered according to a certain law, in such quantity and form as to be at once assimilated by the system of the patient. Dissension and argument followed his pronouncement. Anger, vilification, ostracism, and banishment ensued. But the seed was sown and, the grateful tears of the healed watering the soil, the plant came to full leaf and vigor.

The times and the seasons have changed. Now the profession, the same old profession, in spite of renewals in lock, stock, and barrel, has come to discard practically all internal medication. The pendulum has swung to the other side of the arc. But if Duckworth's warning is heeded, if this scientifically acute but practically obtuse profession will but take its eye from the microscope and raise its head from the research table, it will see that the shrub of homœopathic therapeutics; so thrifty a hundred years ago, has now grown into a giant oak. Within its sheltering shade is room for all the tribes of men who seek the balm of healing.

It must be conceded that the dominant school can lay no claim to therapeutic possession. No matter what its meed of praise, at least it can expect nothing in this direction. It should not resent, therefore, the claims of another for that which it does not itself possess, and upon which it places no value. Disclaiming monopolistic views as regards the law of similars, having at heart the highest good of the race, and only this, and looking upon the acceptance of our proven theories as the world's hope for the cure of disease, we must be forgiven if, as a profession, we stand aloof from the non-

therapeutic practice. There may be greater misfortune in this life than discord and dissension. The sword is sometimes more a blessing than is peace at any price. The mission of Homœopathy cannot be fulfilled until the theory of similars is accepted as the therapeutic law. We have no quarrel with the other school simply because of our differences in belief. We concede to all the privilege to think and form conclusions. We claim a like privilege.

Our observation of the careful proving of drugs, of the scientifically accurate materia medica, and of the daily results of its application absolutely confirm our belief in the universality of the law of cure. Therefore, to set aside this conviction would be to surrender a moral principle, and to give up the secret of therapeutic success. We insist that the medical profession ought not be a political machine, a close corporation to be kept in perfect working order, a great organization consisting of orders and degrees, with national, state, district, county and local branches, having no ostensible reason for existence except to control legislation, regulate prices, dictate terms and methods for the treatment of the poor, and to seek the balance of power in party politics.

Truth alone is eternal. Theories change and arguments based upon them fall to earth. Institutions having answered their purpose cease to exist. Governments are fleeting and transitory. Democracy even is said to be an experiment. To us it seems as steadfast as did the City of the Seven Hills and the Roman Empire itself to the contemporaries of the Apostle Paul. But all this has passed away. So it must be with the established order in medicine. An institution which has outlived its usefulness, which has so far lost its cunning as to permit disease to multiply in its very dooryard, which has so failed of its mission as to witness the almost daily birth of a new system of medical thought—such an institution must lose its prestige and deserves no better fate than to pass into innocuous desuetude. In its stead will be adopted another system, a system which has passed a century's probation, and with each year has strengthened its hold upon the minds of the observant.

Homœopathy was an experiment in Hahnemann's time; it proved its value by the clinical test during the next period; by the present day methods it has been scientifically proven, both as to the theory of similars and the small dose. Sir A. E. Wright's opsonic work, for example, is but a confirmation or rediscovery of Homœopathy.

The results of his research are familiar to every professional listener. Working, for instance, with the germs of pus production, he, too, observed the law of similarity. Taking minute quantities of the toxins of the disease producing germ, toxins capable of producing symptoms similar to those caused by the germ, he was able to cure the lesions produced thereby. Not only did Wright thus rediscover the law of similars, but also, strange as it may seem, he hit upon the century old conclusion as regards the size of the dose. One ten-thousandths of a milligram, equal to the sixth decimal dilution of the homœopathic profession, is the dosage recommended by this scientist, and others working with the vaccine have reported favorable results following much smaller doses.

Perhaps Dr. Flexner has observed the recent trend of scientific medicine and has formed the conclusion, shared by others of us, that eventually the dominant school will reach our view concerning the cure of disease. There is no doubt that giant strides have carried the medical body a long way into the field of real therapeutics. Unfortunately for Dr. Flexner's conclusion, however, this is not due to the acceptance of homœopathic claims, but has been the compelling effect of independent investigation. I do not say that this is a misfortune or that it is resented in the least by our profession; certainly, neither is true. By an entirely different approach and by more demonstrable methods, perhaps, the truths of Homœopathy are being rapidly established. Indeed, it seems to me, the facts are now so self-evident that, except for unreasoning prejudice, the entire claim of Homœopathy might be safely accepted by the coldest blooded scientist. But, if I mistake not, I have already proven that the simplest of our truths, when known to be ours, are apparently as unwelcome or as unknown as ever. Flexner has sought to injure us in the eyes of the world by a dogmatic assertion which is unfounded in fact. Everything of proved value in Homœopathy is not at this moment incorporate in "scientific medicine!" On the contrary it remains true to-day that in Homœopathy, and in Homœopathy alone, is medical healing for the nations. With joint ownership in all the marvels of surgery, in all the products of the laboratories, in all that the sciences collateral to medicine have determined—with joint ownership in all these, Homœopathy has been sole possessor of the knowledge of remedial application. When surgery has been helpless, the laboratory impotent, and general science hopelessly at sea,

Homœopathy has gone on, serene in the conviction of cures impossible by other methods. Practitioners of our faith are everywhere, our hospitals are increasing in numbers and influence, our asylums, homes, and dispensaries are without end; the records are open and the results of our practice speak for themselves. And our practice differs from that of the other school, because everything of proved value in Homœopathy *is not*, at this moment, incorporate in "scientific medicine!"

THE VALUE OF HOMŒOPATHIC COLLEGES.*

By DeWitt G. Wilcox, M. D., Professor of Gynæcology, Boston University School of Medicine.

The mere thought of trying to shine in a galaxy of such iridescent intellectual brilliancy as you have imported for the evening is enough to freeze the little oil and dry up the slender wick of my feeble lamp of learning. The presence alone of a man who not only lives in the city of the Oil King's abode, but actually plays golf with him and prescribes for his indigestion, is enough to put to rout any man who attempts to shine by any other illuminating medium save that of Standard Oil. Hence, you must not ask me to-night to shine according to (H) oyle, but rather to let my gentle effulgence shine forth in a one candle power speech. Ere I finish you may think of that old conundrum—"Nettie Coat, Netftie Coat, in a white petticoat, the longer she stands the shorter she grows, and when she dies she leaves a black nose."

Only you may paraphrase it thus: "The longer he stands the less we know, and the sooner he finishes the quicker we go."

The medical college to-day is in the lime light. Will it stand the close scrutiny of a deeply interested and thoroughly awakened public? Permit me for the nonce to assume the role of school-master and pupil combined. Is the physician of any material benefit to the people, is he an economic factor in the community, is he a necessity? Were we to go into the statistics of the matter we could bring overwhelming evidence to prove that as an economic factor he saves the nation millions annually by preventing, aborting and curing many diseases which, until quite recent times, were regarded as inevitable. Indisputable facts show him to be a necessity because medical and surgical treatment still continue, in spite of all other

* Read at Utica, December 9, 1910.

so-called cures, to relieve suffering where every other mode of treatment has failed.

If left to a popular vote of the people, would the physician be retained? Yes, emphatically. If, then, the physician is a public and personal necessity, both physically and economically, how can his race be perpetuated? Obviously by manufacturing more of them and steadily improving the output. How may that be done? By means of medical colleges. Is there any evidence that the output has improved during the last decade? Yes, the evidence is unmistakable.

Are there enough medical colleges? Yes. We are told by certain careful investigators that there are more than enough. If that be true, what is the logical remedy? Cut out or consolidate the weaker ones.

What is a weak college? One that has mediocre instructors, low standard of requirements, limited and inadequate teaching facilities and insufficient funds for proper equipment.

Is it necessarily true that a small college is a weak one? No. A college small in the number of matriculates may have the best instructors, excellent equipment and superior clinical advantages.

Is there a place for the small medical college? Yes, just as much as there is for the small university or small academy.

What is the specific function of the present-day medical college? It is to train men and women how best to prevent sickness and to combat disease.

Are the requirements and obligations of the college to-day greater than they were a generation ago? Yes, infinitely, because of the better understanding of the cause, prevention and treatment of disease.

Is it more expensive to obtain a medical education to-day than thirty years ago? While the cost to the student is practically the same as thirty years ago, yet the cost of giving that education has increased three to five-fold.

Is there any medical college to-day that is making money from its tuition receipts? None that we know of.

Are there any medical colleges that pay their instructors sufficient salary to enable such instructors to devote all their time to their specific work as teachers? None.

Are there any medical colleges which pay any number of their instructors even a nominal salary? Very few.

Why, then, do sensible medical men of marked ability and high standing continue to devote a very considerable part of their time to the welfare of medical colleges if there is no money in it? Because their work as physicians and the work of a medical college is not a commercial enterprise and cannot be gauged by the dollar mark.

What, then, is the real motive for their making the tremendous sacrifice of time and strength to sustain our medical colleges? Primarily a love for the work, a desire to perfect and advance their knowledge of medicine by study and investigation which such teaching offers, and, secondarily, to extend their opportunities for employing such knowledge.

If, then, medical men are essential to the physical and economic welfare of the country, and it is equally essential that their kind be continued, and it is possible to reproduce their kind only through the medium of well equipped medical colleges, and it has been conclusively shown that no medical college, however large its number of students, can financially meet all the present day requirements for a thorough medical education, what is to be done? There are obviously only three courses to pursue:

1. Close all the colleges that are not already endowed.
2. Charge all matriculants sufficiently large fees to meet the requirements.
3. Seek endowments for all colleges whose standing warrants them a right to live.

Would the first course work an injustice? Yes, it would close some of our best colleges. It would so centralize medical learning in a few localities as to debar many would-be students from pursuing their studies. It would tend to establish an un-American monopolistic medical monarchy which would be fatal to the best interests of medicine.

What would be the effect to pursue the second course, namely, to charge all matriculants, etc.? It would necessarily limit the study of medicine to rich men's sons only, a class which has by no means in the past demonstrated its peculiar fitness to be scientists or humanitarians.

Is the third course, namely, to endow all colleges whose standing warrants them a right to live, practical and feasible? Yes, it is absolutely essential if the people wish high class colleges maintained.

Is there any one factor more essential to the happiness, prosperity and perpetuity of the people than good health? No, it is the one desideratum unequaled.

Is there any more reliable and effective method of disseminating a knowledge of good health and the prevention of disease than through the medium of physicians and skilled medical scientists? None that has yet been discovered.

Is there any more practical way with a greater certainty of valuable returns whereby private and public funds could be expended than in the maintenance of colleges and research laboratories where men could be thoroughly trained for the great humanitarian work of reducing the sum total of diseases in this world? None, because it is the forerunner of all religious and secular advancement.

Is it not, then, incumbent upon our communities and private wealthy citizens to maintain the best of our institutions of medical learning and make it possible for them to send out such thoroughly trained medical men as shall reduce sickness and suffering to the minimum?

We now come to the dividing of the ways, and ask if there is any necessity for the continuance of the homœopathic college, and the answer might be, Is there any necessity for the continuance of the so-called allopathic college? There is no place or reason for the existence of any medical institution of learning which does not teach medicine in the broadest sense possible, and does not send its votaries out with a full knowledge of every tried therapeutic agent which has been known to cure disease, placing the emphasis always upon the agents which have longest stood the test of time and produced the most lasting results.

On that basis, and I am sure that is a sane basis, there is just as much reason for the existence of an homœopathic college as an old school college.

Can it be shown that there is more reason for the existence of a homœopathic college than for an allopathic college? Yes, because the homœopathic college teaches all that the old college does plus homœopathic therapeutics. There is not a curative agent which is recognized as having any marked value in the treatment of disease by the old school which is not known and its effects taught in our schools. Our laboratories equal, and in many cases surpass, those of the old school. The Flexner report, which has sought to kill the

so-called sectarian colleges, really could not find cause of complaint sufficient to condemn as large a proportion of our homœopathic colleges as it did of the old school.

If, then, our best-equipped homœopathic colleges teach all and more, and teach it more effectively than the old school colleges do, why is there not a vital reason for its continued existence? Does the old school teach homœopathy? No, it does not. Why does it not? Because it is prejudiced against everything pertaining to homœopathy and refuses even to investigate its claim.

What would be the effect upon the public if all our homœopathic colleges should go out of existence? The next generation would be deprived of that great boon to the sick world, the homœopathic physician,—and until some better method of selecting an internal remedy for a disease is discovered thousands of suffering patients would remain unrelieved for want of a properly applied homœopathic remedy. What has the sick public done which would warrant so severe a discipline as the threat that it should be deprived of the means of perpetuating the homœopathic physician? Is not an intelligent and educated public capable of judging when it is relieved of its aches and pains after a fair and impartial trial of a hundred years? When the public ceases to demand the services of the homœopathic physician, then it is time enough to cut down the factory which produces him. But when, in spite of the Flexner blare that there is an over-production of physicians in the United States, the cry comes daily to our homœopathic colleges to send homœopathic physicians to remote centers, then it looks a little premature to blow the whistle and shut down the works. Should our homœopathic colleges be made merely post-graduate institutions where a course is given in homœopathy only? Would our Protestant churches consent to have all their boys and girls sent to Catholic schools for eight years with the solemn promise on the part of the Catholics that they would allow all those pupils who wished to do so to take a finishing course of one year in Protestant schools? How many converts would we get to Protestantism after eight years of prejudiced teaching against it? The analogy is not overdrawn one iota. The effort which the Catholics would make to turn every pupil into lines of Catholicism would not be one whit greater than would be the efforts of the old school instructor to make regulars out of every homœopathically-inclined student.

We come now to the pivotal question, What do our homœopathic colleges need to make them the best that can be made in this country?

1. They need endowments. It has been conclusively shown that no medical college can live on its earnings. How can these endowments be secured? Where it is possible, every one of our colleges should be a part of an endowed university. Certainly medicine is part of a university course and should be added to it and supported by it. As a large proportion of the funds donated to universities are given by homœopathic patrons, it is only fair that the homœopathic college should benefit by such generosity of her friends.

2. Our colleges should have a paid staff of instructors. The demands upon the college instructor to-day are such that it is impossible for him to do justice to his position and his pupils and give his time gratuitously. While the instructor must, of necessity, be chosen from the ranks of the busy, educated, scientific physician in order that his teaching may be practical, yet the sacrifice which such a man must make to impart a knowledge to the students is too great to be given without compensation.

3. Every school should own its own hospital which, like the school, should be endowed sufficiently to insure its support without depending, to any great extent, upon its pay patients. By that method only can students and instructors have sufficient facilities at hand for clinical research and experimental work. The medical college of to-day which does not own or control its own hospital is but half equipped for thorough work.

Lastly, it must have well equipped laboratories. It is here that our schools, until quite recently, have shown their greatest weakness. I fear that we have been too content with the accomplishments of our forbears, and simply taught and practiced the fruits of their provings and investigations with but little attempt to add to the knowledge. It now becomes our imperative duty as homœopathic physicians to give some better reason than we have yet given for the faith that is in us. The scientific world is not content with mere statement that "like cures like,"—however content it is to be cured by the law, the world demands proof, an ocular demonstration, if you will. We have something more upon our hands than the proving of drugs upon the healthy and the careful record-

ing of the symptoms; our forefathers in medicine did that for us, and have done it quite as well, if not better, than we have. We have not progressed a particle scientifically beyond that point in proving our case.

If that be a true law of cure, it is capable of proof by laboratory findings, and it is up to us to establish the proof, and establish it in so unmistakable a manner that the medical world must accept it whether or no.

It is along the lines of research and investigation that our old school brothers have far outsped us, and the reason is due largely to the fact that, being the stronger, they have commanded better research facilities and because of these facilities have attracted more workers and many brilliant men. Yet they are to-day groping in the dark for some law which will enable them to harness and drive the many valuable facts which they have discovered. While we take off our hats to such scientific, persistent, honest searchers after truth as Behring, Koch, Ehrlich, Wright and Simon Flexner, yet the last word has not been said why and how immunization acts; and just as it began to appear that serum therapy was to be the guiding principle in the cure of all germ diseases along comes "606" and tells us that the cure for the king of all germ diseases is by chemical affinity and not animal serum.

I am firmly convinced, after careful reading, that through the far-reaching and intensely interesting researches of Paul Ehrlich, we shall reach a common ground of therapeutic understanding. No one can, for a moment, question the immense value to medicine which the discoveries of Wright and Ehrlich and Simon Flexner have been, but if they could only free themselves for a short time of the old prejudice against the law of similars and see where that would lead them, it is very possible we might make much more rapid progress. If your patience will permit I want to call your attention to some of the facts which Ehrlich has discovered in his recent experiments that lead to his remedy for syphilis. To give you a comprehensive knowledge of just what Ehrlich's cellular theory is, I am going to quote from a popular magazine in so simple a style as to make it readily understood by anyone, whether he be a laboratory worker or otherwise:—

"His basic idea, briefly, is this: that each and every type of living cell (and all living organisms, whether animal or vegetable, are

composed entirely of cells) including bacteria and other parasites, has a specific affinity—if you please, an individual taste or avidity—for some particular substance. A given drug, when taken into the body, is not equally distributed throughout the body, nor does it equally affect the different tissues and organs.

“Thus, to name some familiar instances, morphine and strychnine affect the nervous system, digitalis acts on the heart, pilocarpine on the secretory apparatus of the skin, curare on the muscular system, etc. Stated thus, in general terms, the theory that each tissue has selected affinity for certain drugs is a commonplace medical knowledge. But Ehrlich elaborated the theory until it took on new meanings, as we shall see presently; and by experimenting along the lines of his theory, he has been able, in two instances at least, to discover drugs which, when taken into the human system, will destroy certain virulent disease germs without injuring the body tissues in the midst of which these disease germs lurk. In so doing he has forecast the probably not distant day when a specific and certain remedy for every germ disease to which humanity is heir will be at the service of the medical profession.

“Almost from the start Professor Ehrlich had evolved an imaginary picture of the activities of the living cell, and he presently drew imaginary diagrams to illustrate his ideas, ultimately elaborating, with the aid of these of the diagrams, a theory that is exceedingly helpful in explaining the phenomena of immunization. The basal idea may be understood if we think of each type of cells of the living organism (muscle cells, nerve cells, gland cells, etc.) as having individual peculiarities of conformation that make it possible or impossible, as the case may be, for the various substances floating in the blood to combine with them.

“Perhaps, a familiar illustration may be found if we compare the cells of each set of tissues to a particular type of Yale lock into which only one particular key will fit. Professor Ehrlich’s diagrams present the matter in this tangible light.

“Snake poison, take that of the cobra, as an example,—contains one substance known as neuro-toxin, which has a specific affinity for the nerves and paralyzes them; and another, known as hæmorrhagine, which causes hæmorrhages; and still another which was formerly thought to be the same as neuro-toxin, but which Ehrlich first showed by chemical analysis to be entirely independent of it.”

On Ehrlich's basis of cellular affinity have we not an explanation of the action of the laws similar? He says, as a familiar example, morphine and strychnine affect the nervous system. There is an affinity between the toxic principle of these drugs for the neuro-cells of the nervous system. Again, he says in the snake poison the neuro-toxin has a specific affinity for the nerve cells and paralyzes them. Here we have first the drug proving to find the direct action of the drug upon the healthy human organism. Then the blood and nerve cells are studied and the changes in them carefully noted. The theory is then evolved that because of the peculiar shape of the neuro-cells or some other unseen property affecting the nerve cells, what other remedy could he choose for the disease affecting the nerve cells than a drug which would produce similar symptoms upon the healthy. But apparently this is further than Ehrlich has gone. Let us, therefore, take up the sequence of events where he leaves them.

We know that certain bacteria affect certain cells, or groups of cells, to the exclusion of all other cells. We know now how certain drugs affect certain cells or groups of cells. If now it can be shown in our laboratories just what changes are produced in these cells, both by the bacteria and by the drugs, and, further, it can be shown that these changes are similar in character, then it remains only to prove that the affinity between the bacteria and the cells is overcome or neutralized by the affinity of drugs for the same cells. In other words, the germ disease is cured because it cannot reach cells which are already attached to the drug.

Ehrlich also discovered that the size of the dose affected the affinity of the cells. For instance, in his "606" he found if he gave it in small doses, frequently repeated, it produced one effect, and in a large dose another effect. It seems to me that the gauntlet has been thrown down before us, and if we take it up, as we must, and take it quickly, the burden of proof as to the scientific truth (not scientific reasonableness, as we have heretofore contented ourselves) of the law of similars is up to us. Shall *we* give the laboratory proof of the faith which is within us or shall we let our brothers of the old school prove it for us? It is right here that I reiterate our demand for the continuance of all our best homœopathic colleges,—also a strong, unanimous and persistent plea for funds with which to endow and equip our laboratories and for employing the

best brains of the country to prove and perfect a law that has stood the clinical test of a hundred years.

The scientific world demands demonstration of these laws as a truth. Then it becomes a mere work of detail to so perfect it as to make it applicable to all diseases. Shall we go on trusting alone to our drug provings and clinical evidence from which position we have made no progress in 75 years, or shall we meet Greek with Greek and win or lose by the searchlight of the laboratory test?

THE NEED OF ORGANIZATION.*

By Hamilton F. Biggar, M. D., LL. D., Cleveland, Ohio.

I am delighted to be here to-night. It gives me great pleasure to meet with you, not only old friends, not only college friends and associates, not only those we meet in medical association, national and state, but I have formed new friendships to-night which are most gratifying. I have not forgotten eight years ago, when we were so beautifully entertained in this city and where we had such a glorious meeting of the State society in September, 1902. But I feel—and you will bear with me—a little embarrassment to-night in regard to the platitudes which have been showered upon me, not only by the toastmaster but by the gentleman who “knows beans.” When we refer to the hub of education, the hub of American industries, we agree that every person more or less associated with Boston becomes educated.

And then, in regard to these platitudes, I must say I feel a little embarrassed and at the same time complimented like the colored man. A guest at a southern hotel went to pay his bill. He held out a \$20 bill, and the clerk said, “I have no such change.” The man rushed out, as he was in a hurry to get a train, and he met a colored man, and said, “My friend, will you change this?” The colored man laughed and said, “Well, you compliment me.” So I feel complimented.

Then there is another point. I am not here as an orator or with liquid language; I am not here to distribute such eloquence as we have heard so far, and as we will hear hereafter no doubt from the eloquent and silver mouthed orator from Batavia. It reminds me somewhat of the Irish woman who had triplets. When she had the first babe, the usual discomfort and pain following, the doctor tap-

*Read at Utica, December 9, 1910.

ped Bridget on the shoulder, and said, "Be patient, it will soon be over." When she had the second babe he again tapped her on the shoulder, and said, "Be patient, Bridget, it will soon be over," and when she had the third babe Pat stepped up to the doctor, and said, "For God's sake, doctor, don't tap her on the shoulder any more, for she is full of them." All you have to do with these two gentlemen who have spoken, or to the toastmaster, is to tap them and out will gush most lavishly wit and wisdom from their gray cornucopia.

But we came to-night to see what we can do to advance the cause, the great cause of Homœopathy. We have heard the splendid addresses, logical, scientific, convincing, and they will have their weight and their influence. I am requested to call your attention for a short time to what is necessary in order to carry on this work. Homœopathy has proved that it is efficient. It has proved that it is superior, but unfortunately we have become in a certain way apathetic and resting upon our oars. Now no organization can afford to do that. No organization can afford to lay aside every effort. This is necessary in all the different departments. Whether it is political or ecclesiastical, or medical, or whether it is the temperance cause, it wants organization. Without it you cannot succeed. I know a church in Cleveland that was very poor numerically, and they got a pastor who was thoroughly energetic, and he formed clubs and got organizers who were ready to take up the work and assist him, and in that one church he had one hundred to go out and assist him and bring in members to the church. It is now one of the largest in the city of Cleveland numerically, and one of the most prosperous. To show how thorough they are in their efforts to enlarge the congregation this is one plan they have adopted. When they hear of a woman who is expecting maternity they send one of the lady members of the church to go and talk with her and find out what denomination, if any, she is connected with, and if she does not belong to any denomination or organization they wait till the baby is born and then they approach her and invite her to come to the church and bring the babe that there may be a dedication. This is one of the means by which their organization has proved so effective.

To-day in coming here it was my pleasure to be introduced to Dr. Russell, one of the great organizers of the Anti-Saloon League, and he told me that the cause of temperance was increasing; that

they had 300 paid men working for the cause of temperance throughout the whole country, and that they were doing a great work. That is organization. What would the order be if it was not thoroughly organized? What could Napoleon have done with the French army if it had not been thoroughly organized? So thoroughly organized was his army, and such an organizer was he, that it is said that all future renown is impossible when compared with the great work of that organizer with his splendid army.

I might go on and illustrate in different ways the benefits of organization, but I must associate it with another and that is evangelization. Evangelization is absolutely necessary. It goes hand in hand with organization. Now we have, I think, if I mistake not, a separate department in the American Institute of Homœopathy called the Bureau of Organization and Statistics. That I think really is a mere matter of form. They report about the colleges, the number of associations, etc. They do not go into the field and work because they have not the means to do it. We began some work year before last, I think it was, under the auspices of the Council of Medical Education, at which a field secretary was appointed, Dr. Dewey. Now let us see what splendid work that Medical Council did. I do not think all the homœopathic physicians are aware of the great work they did. I was in sympathy with that work and I recollect a little incident that occurred which may be of interest to you. A lady said to me, "Doctor, is there a homœopathic doctor in Cleveland?" I said, "Ah, you have been talking with an allopath." And she said, "Yes, I have." I said, "Will you give me a prize for the best essay on Homœopathy?" She said, "I will, under condition that my name is withheld." There were twenty-three essays sent in, of which three were so superior that they were published and sent out in pamphlet form to the number of 15,000 or 18,000. They were in defense of Homœopathy, and I want to say that all the colleges which took up the matter, whenever they had an application from a student, sent this pamphlet with the three essays, and every college that sent those essays increased from 10 to 25 per cent.

Now the work does not stop here. That work will go on. Following that was an offer for essays that were a little more concise, a little more something that you could distribute to students, something you could give to your patients in the offices. If I mistake not, there were eleven competitors, and three of them were thought to be of so

much value that they were published and distributed. The result of the increase of medical students to-day, I believe, is largely due to the dissemination of the knowledge of what Homœopathy is, in those pamphlets. I am told by the field secretary, Dr. Dewey, that he found out from the professors of literary institutions about students who were intending to study medicine so that there could be put in their hands information not only about homœopathic medicine but colleges. They got in touch with 800 students, and they kept disseminating these tracts or these essays. This was at an expense of less perhaps than \$4,000, and in one college I am told that from that class enough was received in fees to more than pay for the expense that was incurred in the field secretary's work. That is the spirit of organization and evangelization.

There is another point we must consider and that is that information should be continuously put forth in regard to the merits and the truth of Homœopathy. It should be distributed in pamphlet form of a concise nature. Dr. Dewey got from the Washington census bureau some very concise and correct statistics about a dozen formidable diseases. They occupy a small page and are supposed to be correct. They have been distributed as patients have come into the office, and we have had persons come and say: "Will you give us half a dozen. I have friends whom I would like to have know what Homœopathy is. They are not homœopaths." That is missionary work. And the other point is do not wait to distribute from your offices, but do as the Christian Scientists do, as the osteopaths do. They become formidable when you think that there are nearly a million Christian Scientists in this country, and that the osteopaths have from 500 to 600 students in their colleges, and every one of you I suppose, gets a weekly bulletin of what they are doing. It brings them before the public. We ought to cast these up in argumentative form, and have them distributed to the laity who are not patients, from house to house. Let them know we are alive and have a great system we are not afraid of and which is great. Also we must educate the enemy. Of these essays, of which Dr. Copeland was one of the most successful competitors, the old school pupils in Cleveland come in and say: "I want an essay on Homœopathy; give it to me," and they are enlightened as to what Homœopathy is. This is the way you might help. When you ask if there is any better way for organization, that is a problem, but I believe the field secretary

will do good work. I had the pleasure of listening to him in Canton, and he presented the subject in a very interesting way, and I think we ought to encourage all such work. This is a case of organization, and will do great good. The remarks these gentlemen make, published and sent abroad, will help us in in every respect.

But there is one thing we must have. How can we carry on the work without funds? We must have money. In churches you pay pew rent, and you subscribe to the missionary fund, and there are other incidentals you have to subscribe to in church, and it is right that you should be called upon for it. Where would political organizations be if they had not the money to spend for the purpose of advancing their cause? We are all recipients of great favors because we are homœopaths. We are all indebted to Homœopathy, and how are we going to repay it? By every one contributing so much. I would suggest that we subscribe. Homœopaths ought to be approached properly, through the mails or otherwise, for an annual subscription of, say, so much for a period of five years, to be placed in the hands of the general secretary, whoever he may be. I am not sure the American Institute of Homœopathy is the proper place or whether it ought to be another organization. I think the American Institute is also interested in this matter, and that it wants money. I believe that all the 20,000 homœopathic physicians, if the matter was properly presented to them, would give so that we could have a yearly income of \$10,000 a year. I believe they would be glad to do it, and it must not be said that the funds must come from a few. That weakens the cause. But if you get them all interested it strengthens the cause, and it will add great power.

I think that is perhaps all I have to say in regard to this, but there is one thing more, and that is that we must all work harmoniously. What would we do without certain leaders? May I say what would the Institute, what would Homœopathy be in New York to-day if we had had some strenuous leader as we have now?

I do not care whether we are in the ranks or whether we are officials of high character, whether in college, whether in national or state associations, or your organizations here; we must have leaders and we must have men in the rank and file. It is necessary for the support of the cause, not altogether unlike the boy who, when digging potatoes, was approached by a traveler, who said: "My boy, I see you are digging potatoes. What do you get for digging them?"

"I don't get anything for digging them," said the boy, "but I get⁴ hell if I don't." Therefore, I will say this, that we must work, no matter in what position we may be.

It is a pleasure to be here to-night, and I mean it, though I may not express it in the same epigrammatic way that Grady did of the Atlanta Constitution when he was delivering a lecture before one of the associations in Boston. They were so pleased with him that they entertained him on Beacon street, a very fashionable quarter. He was entertained by a very aristocratic family, and when he was leaving and going up to pay his respects to the hostess, she said: "Mr. Grady, I wish you would say something that is not conventional. Every person has the same platitudes, like 'I have had a good time,' or one thing or another. Would you kindly say something that is not conventional?" Grady straightened himself, posed in the true southern chivalrous style, with his hand over his heart, and said "Madame, I have had one hell of a time," and she, in a very unconventional way, said, "Mr. Grady, I am damned glad of it."

SOME FACTORS USEFUL IN THE ADVANCEMENT OF A WORTHY CAUSE.*

By John W. LeSeur, M. D., Batavia, New York.

I am honored by your invitation to be present at this family gathering to-night, and I feel proud to be counted among the friends of our cause in this thriving city. It is a matter of especial pleasure to meet the distinguished gentlemen from the different States represented here. I confess that I am entirely at a loss to know why you should have asked me to speak when these well-known, brilliant scholars, teachers and leaders are here to address you.

I assume that this family gathering is held for the purpose of considering existing conditions and endeavoring to devise means for improving them, for it may be assumed, and I think will be admitted without question, that certain unsatisfactory conditions confront the school of practice which we represent. Therefore, in speaking of some factors which may be useful to us at this time, I may state, first, that a knowledge of the value of Homœopathy is very important at this crisis. We are likely to forget the value of the implement which we constantly use, and especially when it serves our purpose effectively, and does its work satisfactorily, we fail to ap-

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preciate its real worth; and it is timely to consider the abstract value of a strictly scientific principle in medicine, for it will be conceded that the history of medicine in general is a history of empiricism, and that experimentation has been largely the action of all therapy, prior to the promulgation of the homœopathic principle of practice; and it is only by a frequent consideration, a careful study, a thorough understanding of this abstract principle that we can appreciate its full value. We not only recognize its value in the abstract and its wide application in the field of therapy, but its concrete value in individual cases and in difficult and dangerous exigencies and contingencies is well known to us all. As an application of truth in the concrete it is of unquestionable and unquestioned worth; its value has been proven over and over again. It is the only recognized law which is invariable in its application and unerring in its utility. A knowledge of its abstract and concrete value is indispensable, and, perhaps, to-day, more than ever before, a consideration of its relative value as a therapeutic principle and law is important. For in the rapid advancement which has been made in the field of medicine new conditions have arisen and new propositions have been presented and tested, and new results have been constantly appearing. Yet the value of this law remains unchanged.

The fact, however, that this law now stands in relation to facts and conditions which were unknown fifty years ago makes it important for us, if we will retain the respect of thinking men, to view this truth as one of many, and not blindly declare that it is the only truth or that it is in itself all of the truth of medical science. A teacher, than whom no greater has ever lived, whose knowledge of humanity and its ills was greater than that of any person who ever lived and walked upon the earth, said, "Ye shall know the truth and the truth shall make you free," and it is by a correct understanding of this incomparable statement of the Great Physician, as it applies to the scientific truth of the present day, that we have attained the liberty of thought and action which we so much desire and without which we cannot hope to attain unto the highest of our professional life or to receive the approbation of the thinking men and women of to-day.

Second, a factor very useful in the advancement of our cause is a comprehensive value of its scope. This law of ours in its application is wide as the ever widening field of therapeutic action, and if we

study its capacity and its breadth of application as related to new truths as they are developed we shall be gratified to find that truth is a unit, and the more scientific truth there is discovered and developed the more complete is the demonstration of the truthfulness of our therapeutic law. Take, if you please, as an instance, the newly presented theory of the opsonic index. A careful study of this serves to exemplify more and more fully the truthfulness of the law of similars as applied to the cure of disease; and it is not alone here, but elsewhere in the field of your research and the realm of your increasing knowledge, that this factor is increasingly evident. But if we would advance safely, steadily, wisely, constantly, we must consider not alone the scope of this law, but its limitations.

I may be treading upon ground here which some may consider debatable, but I am here to state my own convictions with regard to the conditions as they now exist and I am definitely of the opinion that a failure to recognize the limitations of a single branch of the great practice of medicine has been one cause for the limitations of our numbers and the narrowing of our field of usefulness. No one implement is the best one adapted to all kinds of work. A plow is suitable to break up the fallow ground, but if it is used for a roller or a drill it may accomplish something, perhaps, in this direction, but the work is not as well done as it could be by the use of an implement specially prepared for the work undertaken.

So in the great field of medical practice if individuals wilfully close their eyes to the advancement made in other departments of the work, and blindly claim that by the use of the properly selected remedies all the wide field of medical practice may be most effectively covered, they are making a mistake, the seriousness of which is not measured alone by the disastrous results which may follow to their respective patients or to themselves as individuals, but they are presenting to the thinking young men of to-day as they come upon the field of action a spectacle which commands pity rather than esteem. And so I say that it is wise for us, in considering some useful factors for the advancement of a worthy cause, to remember intelligently and wisely that any law, however valuable and however wide its scope, has its own natural limitations, and a recognition of these limitations is of vital importance. The law of similia is limited to-day more than ever before and in considering it we must be mindful of the progress which has been made in

modern times in the science of hygiene. We must also recognize that the world's attention to-day is largely directed to the science of preventive medicine and that, in its broadest sense, is outside the realm of *materia medica* and, therefore, outside the application of any law of therapy.

We cannot lose sight of the fact that surgical advancement also tends to limit the field of the application of our law, even though we have developed within our ranks men of consummate skill, and your beautiful city boasts of the production of some of these whom it is our delight to honor. Yet the very fact that they have developed scientific attainment which has enabled them to do important work which could never have been done by medicinal agents alone limits the field of the application of the law of similars, and the recognition of this limitation must not be overlooked.

Again, the law is limited by modern psychological therapy and here the field is widening, and wherever medicine is required there can be no doubt that the method of using it prescribed by our great master still stands as the wisest and best and most effective method known to human kind. Yet there is so much accomplished without the use of any medicines that it were idle for us to ignore the fact. Things so simple as the faith cure or mental healing or so-called Christian Science, which is neither Christianity nor science, but all of these have their effect upon the human mind and the mind in its turn has an effect upon the human body which, under certain conditions and in certain selected cases, is quite as great and even more immediate than the effect of medicines. So, I reiterate that among the factors useful in the advancement of a worthy cause is a comprehensive view of this cause and this law and that this comprehensive view includes both its scope and its limitations.

Again, for we are met to-night for a specific and definite purpose, I desire to note, in the third place, that this advancement which is so much to be desired, this dissemination of vital truth which we regard as so important, can be secured best by intelligent action. This may seem trite and, perhaps, it has been reiterated again and again in your hearing, but no truth ever went forward alone. However great it may be, however important, however vitally affecting the interests of humanity,—the truth, to be effective, must be incorporated in the being of an individual, and this calls for the utmost of an educated mentality. So that intelligent action is requisite

here, and a careful study of the situation as it now exists—the possibilities, the needs—is absolutely essential at this time. It is important to concentrate the thought upon the fact that “There is a tide in the affairs of men which, taken at its flood, leads on to fortune; omitted, all our lives abound in shallows and in miseries,” and in the judgment of those men who have best opportunity to view the entire field in this country the crisis has arrived at which intelligence must devise and carry out plans for procedure, or results are sure to be unsatisfactory. But given an individual filled with truth, an intelligent plan of action lying in his mind, a comprehension of the importance of his work, and that individual alone can accomplish comparatively little in affecting the masses of mankind. It is only when men are united in the intelligent apprehension and comprehension of truth, and in a realization of the importance of carrying it forward, and the determination to do this work, that the highest is achieved. And never was it more true in our school of practice, than at the present time, that unity of action is necessary. Too long has it been a fact that men have been taught by the master, graduated by the school, have received the priceless gift of a knowledge of the law of similars and have gone out to their respective fields and benefitted their immediate clientele, and themselves, but have largely forgotten their duty to the great cause and to humanity at large, and this brings me to the third point in the enumeration of factors useful in advancing this worthy cause, viz., unselfish and self sacrificing effort.

No work worthy of the name was ever accomplished by selfish individuals rather than for our brethren, or for humanity, or for those who are to succeed us; and we have earned our money and spent some of our money, and kept our money for our own selfish purposes. We have not endeavored to influence our clientele to secure for our colleges such endowments as are absolutely necessary for the securing of suitable teachers to do the work that is required.

In saying this I am not unmindful of the heroic efforts which have been put forth by a few men, nor am I unmindful of the fact that many of the teachers in our colleges have served with inadequate compensation. But I realize that with this fact must be considered another, namely, that where one has unselfishly done his duty and more than his duty a hundred have failed to do anything excepting selfishly enjoy the emoluments of their professional life;

and it is this lack of intelligent, united, unselfish effort which is one of the chief dangers of our cause today.

Our young men are growing up and thinking for themselves, and they are measuring men, and they are acquiring in the various preparatory schools the ability to do this; and they are noting that so far as broad, scientific attainment is concerned, so far as definite, comprehensive and accurate knowledge of the sciences of chemistry and microscopy and bacteriology are concerned, some of our colleges are not equipped as well as some of those of our associates; and when called upon to do critical or careful work in the scientific field our young men are not fitted in such colleges to do this work as they ought to be, and unless our friends in the school of Homœopathy come forward and furnish suitable endowments and well qualified teachers to measure up to the standards of scientific attainment which are set by the intelligence of the times we must suffer therefor.

It is not enough for us to stand by and hurrah for a leader, however great he may have been. It is not enough for us to declare that we have the only principle of therapeutic action. It is not enough for us to insist that our's is the best method of medication. We must do more than this. We must make it not only possible but imperative for our young men to be broadly and well qualified in every other department of scientific attainment as it is possible to become, and then to this broad qualification in chemistry in physiology, in microscopy and in bacteriology we must add an accurate knowledge of the law of similars as applied to the administration of a carefully selected remedy, and we need have no fear of the future. But any less than this is likely to be a source of sorrow to the present and shame to future generations.

DISCUSSION.

DR. CAPRON: As our symposium on propagandistic work is drawing to a close, I wish to thank each and all of the speakers who have given of their time to come here to-night most sincerely, and I wish to say that the questions discussed here are now open for general discussion. We hope the gentlemen will have something to say and we desire to hear from them.

DR. J. IVIMEY DOWLING: It was not my intention to say anything, but the subject is one to which I have given considerable thought. I have not only a great admiration for Hahnemann, Helmuth, Allen and the men with whom I had the privilege to be associated in New

York, but I have admiration and reverence for those who are speakers here to-night, and I have a great admiration for the dean of the New York Homœopathic Medical College. Nevertheless I do feel that we, as a school, have reached a crisis in the life of Homœopathy. I believe Homœopathy contains the truth and so much of truth that no set of men can kill, no matter how hard they try. Dr. Biggar has made a statement which struck me as admirable, and that is "educate the enemy."

DR. ALLIAUME: I have nothing new to offer. I think the ground has been very ably covered. I undertake to educate my patients, to educate my friends, and to a reasonable extent educate my allopathic physician friends. A few ask my advice occasionally about prescriptions, and they do it because on every occasion I have I insist that the homœopathic way is the best, and I do it in a way so as not to offend them, so that if they are looking for enlightenment they can find it. It is even for any one of us in our work in the city hospitals or where we come in contact with allopathic men to demonstrate our ability in caring for disease, no matter what it is, whether it is surgical or medical, whether it is obstetrical or along any other lines. I believe we have more ground to stand upon than our competitors in the old school. We know all they know and a little more besides. For one I am absolutely enthusiastic over the homœopathic idea and always shall be. I have nothing new to offer as to how we shall perpetuate the number of propagandists, the cause of Homœopathy. I am willing to do my share.

DR. VAN LOON.—Gentlemen, I have nothing to say except that those of us who are perhaps practical men in the sense of not being original investigators are good followers. I have heard too prominently to suit me that as homœopathic physicians we have not made enough investigation. We have not tried to bring the cause up to the modern scientific basis to which I believe it is entitled. I am not quite prepared to discuss the subject at this time, but that is the sentiment which comes to my mind. There is no question but that we have competent and capable men in the homœopathic school. The trouble is we have depended too much on what we have found in books, but have not tried to work it out in the laboratories. The busy man has not the opportunity. He has his patients to see, he has not the opportunity to judge what would be a good course, and so I think we should have more laboratory investigators.

DR. COPELAND: Mr. Chairman, if you will permit me, I would like to say a few words. I think Dr. Van Loon has stated a very important fact, but that is the reason we are having a meeting like this, to impress upon the friends of Homœopathy the importance of putting at our disposal laboratories and equipment so that we can do the things that Dr. Van Loon thinks of. Dr. Flexner in his report is all the time talking about limiting the output

of practitioners, and he proposes now to educate simply research men, but we need two things in the homœopathic profession. We need more practitioners, because there is a tremendous demand for homœopathic physicians. We are not graduating enough men to act as internes in our hospitals. We need men in every field, and there are demands every week where they want homœopathic physicians. So we need more practitioners, and we need laboratory equipment where we can bring together and correlate these new facts and science, and show the people that these things are homœopathic and prove Homœopathy. Medical science was an ordinary thing a few years ago. We need now a peculiar kind of talent, laboratory men, men whose services are twenty-four hours in length, not men who practice twenty hours and give four hours to the institution. We want men all the time. We spend in our college in New York \$30,000 a year in maintaining our laboratories and our laboratory men. That is the reason why we have such a meeting as this, to impress upon the physicians the importance that we need the money and we need the men to build up our laboratories, so we can show the outside world that we have the ability, the knowledge and the secret of health, and if you will give us the money, Dr. Van Loon, and send it to the colleges and the laboratories of this country, I am sure we could do the very things you would have us do.

DR. CAPRON: On behalf of the Utica contingent we wish to thank all who have co-operated with us.

SPECIAL MASS MEETING OF THE STUDENTS AND FACULTY OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND FLOWER HOSPITAL, DECEMBER 12, 1910.

Introduction by DEAN COPELAND:

It is not necessary for one to grow old in order to have honors thrust upon him, and we are very happy indeed that the American Institute of Homœopathy, our national organization, has seen fit to honor one of its younger members and a graduate of this college, Dr. Walter E. Nichols. He has been made one of the vice-presidents of the organization, and we are very glad indeed that on this occasion he can be in the pit and instruct the students instead of being on the benches and listening to the antiquated professors.

ADDRESS.

By Walter E. Nichols, M. D., '03, Pasadena, California, Vice-President of the American Institute of Homœopathy.

It is a great pleasure to be here and to go around this institution and see all that I have seen to-day. I am reminded of the little boy who ran away from home and was away all day, and it seemed a

very long day indeed to him. Then he came back, but his mother paid no attention to him; and the more he hung around her the less attention she paid. By and by he thought he would attract her attention and he kicked the cat, but that did not work at all. Finally he said, "I see you have the same old yaller cat!" He had been away all day. I have been away from this institution for several days, but I see here the same old "yaller cats" (the professors).

There have been a great many improvements. The old laboratory appears to be about the same, but you are going to have a fine one upstairs. There have been a great many improvements in the working force—I can see that, and it is good to see that the equipment is improved. I know that a great deal of this is due to the importation you have had from the West. [The Dean.] It is mighty good to see the class of men that you have here. I believe you have the best class of men of any medical college in the United States, and I know you have the best class of professors. There is no doubt about that. I would not for a moment question that fact, for I have helped to season the majority of them.

There are a number of questions that you will have to decide for yourselves as you go out from here, and it is not so very long since I had to decide just those problems myself. All the money, energy and time that has been spent in your education you will soon have to utilize. You must decide where you will locate. That is the first thing that will come before you when you leave this place, and after you leave the hospital. If there is one thing that I want you to impress upon your minds it is the advice not to locate in one of the big cities. I think the greatest mistake that can be made by a young man is to locate in one of the larger cities. They are already overcrowded with good men, and it will take you many years of wearing out the seats of your trousers before you can wear out your heel and shoe leather, unless you already have a snug berth feathered by some good old father or uncle ready for you to slip into. The thing I want to impress upon you is to go out and get away from the centres of population, where your reward will come much quicker.

Another thing, you want to find a place where you will enjoy living, where you can get the maximum amount of comfort and enjoyment in the practice of your profession. Do not settle in an unhealthy community. The unhealthy community is forever sending

the best of its people into the healthy community. Those people who have the money get out and go into healthy communities, and that includes those from whom you will get your best income. I have heard many men say that they have supplied many, many patrons to such and such a man in communities that were healthy, while they themselves have had to start in over and over again almost every year in order to get a new clientele that was worth while, whereas the people in a healthy community will remain there and the doctor keeps his clientele.

Another point is that the cities do not furnish the family life that the country or smaller town does. Nine-tenths of your practice will be in families. Nine-tenths of the trouble and suffering that comes to a community will be among the women and children. The men get along on the average very well without a physician—they don't have time to think of their troubles. But it is the man that insists that his wife and children shall have the doctor, and that is where your hold comes. It would take a man in one of the large cities many, many years to attain the top, and not one in a thousand does it. Again, I happened to think of the fact when I saw our good friend, Dr. Helmuth, come in here, that his father came from a Mississippi river town, a frontier town that was then way out in the wilds. They sent for him from New York away out to a little town called St. Louis. It is not little now, but it was so then. So the men that attain just what you are looking for attain it more rapidly, more successfully in the smaller communities. This fact I want to impress upon you, and I cannot do it too strongly. There are lots of men here in New York City, Boston and Chicago, and in the other larger centers, who would do two or three times the work they do if they were in smaller communities, and they would be somebody there, too, not simply swallowed up and overlooked as in the larger community.

Another thing, go to a growing town. The census has just been taken, and it shows that the State of Washington has grown 120 per cent. in population; Oregon, 62 per cent.; California, 60 per cent. in the last ten years. What is the population in this community—New York? What does it consist of? The slums, filled with immigrants that come from the coast of the Mediterranean, that are coming and staying here on the Atlantic Coast, in New York, Boston—all through New England. If you want a typical

American city you have to go to the Pacific Coast to find it, or to the Middle West; and these are the places that are calling for physicians, and demanding physicians. They demand a hundred times as many physicians as they have, and pay for them, and are able to pay for them; while the scum that comes and lives in your midst on the Atlantic Coast is not able to pay you.

Another thing—don't look at the ratio. Some years ago I studied that question very carefully before I settled; a firm up the Hudson got out a publication showing the ratio of physicians to the population. I found that in the town where I settled the ratio was the greatest of any town in the United States—about 250 to the physician. Again, who lives in the town you think of? What kind of people are they? Do they want physicians? Do they pay them? How much? Those are the things that you must get down to and find out, for it is not wise for a man to pack up and move every few years. The more often he does that, unless he is called to higher and higher places, the less capable he is from the standpoint of the people who live in a community.

Another thing, and that will probably make you smile; first find your location, and next your life partner. You will all smile at that, but I maintain that a man who is married has a marked advantage. There are no keener discerners of human nature than a physician. Some time ago I studied the statistics of the marriages of college educated women, including three or four thousand from the different women's colleges of the country, and the greater proportion of the college women married physicians. So much for their wisdom. Marriage is very important in a great many ways. If you are married you will get business quicker, and it won't be all in the home. The wife will bring as many and more patients to you as you do yourself. That has been proven over and over again. Not only that, but nine-tenths of your practice being among the women and children, she will bring the most desirable kind. There is, you know, great timidity among the better class of women about going to an unmarried physician. That is so; you cannot change it; it is not in your power to do so. The timidity is inherent in the girl, in the mother, in the father of the girl. Physicians are human. When the women take up the question of whether they shall go to Dr. Jones or to Dr. Smith, the latter being married, in nine cases out of ten they will go to Dr. Smith.

Then another thing to be taken into consideration. There are always a certain number of women who are always going to see the unmarried physician. They are the undesirable ones as far as pay and comfort are concerned. Those that do not and will not go to an unmarried physician are just the ones you want. They shun the unmarried physician because they fear he will think that they are trying to impress upon him the desirability of themselves, or their daughters, for the place in the household that is unoccupied.

Now a wife in the home is everlastingly looking after the doctor's interest—the telephone calls are properly answered, the bills are promptly sent out, and his affairs are properly looked after. Then you get the normal life, the normal family life, the relaxation without the dark brown taste. There is no use in talking to you about what kind of wife you are going to get. As I said a little while ago, physicians have the best discernment, and homœopathic physicians above all others, for they are educated to know how to interpret symptoms. There is no doubt but that you will all pick out the very best kind of wife. First of all, you want an educated wife. I was some time ago in the home of a doctor friend of mine in a southern town, and he spoke of some method of treatment, and then turned to his wife: "Have I had any failures with it?" She knew all about it; knew his books and his treatment, etc., and before you know it, your wife will be able to prescribe better than you can yourself. The best aid a physician can have is a good wife.

Another thing I want to impress upon you above everything else is that here in the medical college you obtain the rudiments and the foundation of the education by which you can make your life successful, but that is not all. Upon leaving these walls you must, if you wish to become the best and truest physician, join all the medical societies of the homœopathic school possible for you to join, for that will keep you in touch with others of your profession and will keep you up to date, will show you what is new and what you should know. You owe a debt to the homœopathic fraternity; the Homœopaths are getting the best practices, have been doing so in the past, and are drawing the best salaries, are getting the best livings, are ringing at the best front doors; and you owe it to Hahnemann and all his illustrious followers to join and boost everything that will aid Homœopathy in all and every way that you can.

There is another thing. You must be a fighter. You will have

many men—men, perhaps, in your town that are practicing medicine so-called; but you must stand up for the true law of cure, you must let them know what is what. You will show it to your patients, for you will cure people and cure them quickly. It reminds me of what Josh Billings said: "I like a rooster for his crow, but also for his spurs."

Introduction by DEAN COPELAND:

You all know the story of the western revival meeting, where, at one stage in the proceedings, the minister invited every one in the audience who wanted to go to heaven to stand up, and all got up excepting one man. Then the evangelist repeated the invitation, and still the man did not rise. "Don't you want to go to heaven," he inquired. "No; I am from Pasadena, California," the man replied. The logical conclusion of our friend's argument is that the only place in this world fit to live in is Pasadena, California, unless it be Salt Lake City, Utah. I am very glad indeed to have had the pleasure of listening to-day to our alumnus; and to have the further pleasure of listening to my good old-time friend and teacher, Dr. Hugo R. Arndt, the first medical lecturer I ever heard, and I think I may say almost the only one whose lectures I remember. I listened to him through my student years with great pleasure, and astonishing to me, in after years when I came myself to take charge of the secretary's records of that faculty, of which he years before had been the secretary, I was amazed beyond all description to learn that he had made a motion to appoint me as house surgeon in the hospital. To be perfectly honest, there were times during my staff life when this good friend took me aside privately to admonish me in a friendly way, as I sometimes do to others in this college. He denied that to-day, and said that I was always an ornament to the staff. I am glad that he has forgotten the times and occasions which I should like to forget. I am glad that he is with us to-day, not only as my old friend and teacher, but as the Field Secretary and representative of our national organization; and so when we honor him we ourselves are honoring the American Institute of Homœopathy.

ADDRESS.

By Hugo R. Arndt, M. D., Field Secretary of the American Institute of Homœopathy.

I am delighted to be with you this afternoon, and am very much pleased at two things. One is the fact that I must contradict your

distinguished dean, and he is not in the habit of being contradicted. If it be true that I did not admit having admonished him, as he puts it, it was not by any means that I thought he was beyond the necessity of such admonition; I simply realized the utter uselessness of it. The second point is that I must plead guilty to the unpleasant sensation which always comes to one, particularly in addressing strangers, when a friend from home, such as the vice-president of the American Institute of Homœopathy, comes in and steals all one's thunder, but I thank the kind fate that makes me Christian enough to submit meekly and humbly to that fact, hoping, nevertheless, that I may be able to say one or two things which, if they will not instruct you, will at least interest you.

I am past my sixty-ninth year, and appreciate young people. As you get older, and as you increase your avordupois, your weight tells upon you, your head becomes more smooth, and your hair becomes white, and you look older than you feel, and you have your hair trimmed close as mine is so that the gray does not show so plainly. As you grow older, you will find it a peculiar pleasure to meet the young men, and to gain from them all the energy, vitality and animal magnetism you can get.

I wish to congratulate you to-day on your choice of a profession and upon your choice of your alma mater, and upon the time you go into the profession, for I take it you see in medicine not a life of idleness, but one of useful activity, in which you can do good to those with whom you associate, a life of unselfishness. In your alma mater you know I have a warm interest, even more than in other colleges, because I think the students of the New York Homœopathic Medical College have reason to be proud, not because you are such a nice bright looking class—you really are a nice looking lot of boys—but because clustered around this college, before the days of your dean, are associated the names of Helmuth, Allen, Dunham, Dowling, and many others; and you who are now working in the same building, perhaps the same rooms where they lectured, should be conscious of their hallowing and inspiring influences.

You are to be congratulated upon coming into the profession just at this particular time, for you will catch the upward movement in matters homœopathic, and will be able to take a hand in the revival of Homœopathy militant; you will escape the dragging down that has been our fate during the last few years. In jumping into the

stream you will be caught in the current, and you will have a wonderful pleasure and satisfaction in feeling and helping the force and strength of the movement.

Now as an old fellow, my desire is not to make you any formal address, but I feel that I am justified in asking you to forgive me if I talk informally as I do with my students at home. I wish to heaven you all were my own boys. Do not forget that you are now in the period of life when you must be receptive, and receptive only. Do not waste your time in attempting to criticise your teachers. Do not attempt to analyze; if a slip should be made by some one, forget it at once. It is now your time to absorb facts almost as a sponge absorbs water. The other comes later when you have your own offices, and then for two, or three, or five years you may analyze out all you have learned; then, after five or ten years of practical work, you may be strong enough, and may know enough, and be humble enough to criticise—but not till then. I speak of that, for I have more than once in my life seen a young man fail who had the making of a good student in him—go overboard because he was more intent upon finding faults and criticising others, especially his teachers, than in simply taking what they gave him. Remember that you are now preparing for a student life. When you get into practice you can study to better advantage. Save for yourselves the pleasure of the true student, that is, to take facts as they come, humbly and meekly, with the single desire to advance by taking clear possession of them as your own knowledge, and utilize that knowledge for the benefit of mankind. Unless you do that, you will be failures as students. What did Faust amount to with all his vast knowledge, with his almost infinite resources? The moment he found them in his possession he turned them into channels that involved purely the gratification of himself, and what was the end?

Your school is the homœopathic college, and you are to devote your time to the *materia medica*, and the therapeutics, and the principles of Hahnemann more or less constantly. Let me give you this earnest advice, even in your Freshman year, endeavor fully to understand the scope of Homœopathy. Great mistakes are often made by us, and many good homœopaths who go into practice get muddled up and disturbed, and make serious mistakes, simply because they still occasionally carry in their consciousness a vague suspicion of that which we were taught when I was a student—that the law

of Hahnemann is the only law. Hahnemann never taught that. He clearly outlined—and I understand that you have most able instruction in the teachings of Hahnemann,—he clearly outlined the fact that some things which pertain to practical medicine have nothing to do with Homœopathy. For instance, take the magnificent realm of preventive medicine, with all that it means to-day, with all its brilliant results in the improvement of public health, with guiding, directing, protecting, in every direction, the health of the community. What has that to do with Homœopathy? Take the vast realm of palliative medicine; it is a very important branch, but it has nothing to do with Homœopathy. You will tell me that Hahnemann in his teachings was unconditionally down on palliative measures. I say he was not. He used palliative measures, and unfortunately many of us use too much of them; but he fought palliative medicine chiefly because that constituted the backbone of medicine in his day, and he was certainly right in wishing that the whole thing might be wiped off the slate. That practice did infinite harm to humanity; and unfortunately many have the habit of indulging indiscriminately in palliatives. Listen to an old man who, during the last forty years—with one single exception where he was helpless—has never had occasion to use morphine but three or four times, and who wishes he had gotten along without it then.

Then you have the opportunity to utilize the physiological action of remedies. There is so much of real Homœopathy in this that I think we should open our eyes to it. Certainly, if your patient has a failing heart the time must come when it has to be stimulated. Are we helpless to make the heart make a special exertion? By no means. It is legitimate practice, very often it is imperative; it is, it seems to me, the last thing that can be done to prolong life, if not to save it.

So with palliative medicine. We find in the ranks of our physicians men who would not think of going out without carrying a hypodermic syringe. I own one myself, and it once got rusty in my trousers pocket. Perhaps not once in a year have I had to have recourse to the physiological helpfulness of drugs, but sometimes we are helpless. I would not speak of that if I did not love Homœopathy so well, and want you to practice it openly and above board. Whatever you do don't hide yourself behind something. Say, "I have been doing very well and have been giving remedies that

are indicated." But if they are not indicated you and I must understand what that means. Master your *materia medica*. I know you have good teaching here, but let me give you a little advice. Don't be led into the belief that *materia medica* is something you will master while you are here; you will have to keep studying it while you live. The best plan that I know of is to get hold of the individuality of the drug; if you understand the remedy thoroughly you will understand its peculiarities. Many times you will see the individuality of the indicated drug fairly sticking out of a patient. Don't think you can understand the knowledge of a certain drug simply by knowing its toxic and physiologic action; you cannot understand the remedy unless you have that knowledge, but start out with a clear understanding of the fact that the first thing to do if you have leisure—and you must take the time—is to try to master an outline of the drug peculiarities, just as an artist outlines the sketch of a picture that he is going to paint, and those lines which give shape to the picture. You will get from the toxic and physiological values of the drug a general idea of it, then take the drug provings and study them prayerfully, for you are preparing yourself to deal with human life, health and happiness; and from the knowledge obtained from these drug provings, and by comparing them, you will fill in the finer shades, and then get the keynotes, and on top of that put the clinical evidence, and when you get through all that you will have a pretty full, clear knowledge of what a certain drug means. It is true, it sometimes fairly sticks out of a patient. I was telling some time ago of an experience I had which comes to every homœopath. Many years ago I saw a case of pernicious anæmia—so diagnosticated by two or three leading old school men of the Pacific Coast, and determined by all possible tests—and there was no use in my going over that ground, for I had a strong conviction that they knew more about that than I did. The instant I stepped into the sick room my prescription was made, and I stayed there long enough to cure the patient; the remedy that fairly stuck out was *Arsenicum album*. You know the diagnosis of pernicious anæmia. Those men would surely have hung on to that case if they could have cured it. I wish you could see her to-day. It was certainly due to my ability to recognize the remedy, just as you recognize in a photograph the face of a dear friend, without having to examine the shape of the nose or see how the ears stick out, or any-

thing else, and that rapid, intuitive, perceptive faculty is the test of the good prescriber; and is one which you can acquire if you have patience enough.

And you have a mission of the greatest importance to the school; you should study in the laboratory and familiarize yourself with the technique of laboratory work, which, to many old fellows like myself, is an impossibility, and equip yourselves to furnish scientifically and by laboratory methods the correctness of the Hahnemannian law. That is your special duty and mission, so far as concerns your relation to Homœopathy. We have demonstrated its reliability in the past hundred years from the clinical standpoint; you must furnish the scientific proof from the laboratory. And it is already being done; the work is progressing in that direction, and I should not wonder if before me in this audience to-day there is some bright young fellow who will give us what we have been hoping and praying for during the last fifty years.

Learn as practitioners to carefully study the clinical course of the disease, and, as you get the benefit of the laboratory work, not to be carried off your feet by exaggerated estimates of its importance.

Without having any lack of appreciation, for instance, of the Widal test in typhoid fever, we know that that test has failed again and again; the same with the Klebs-Loeffler bacillus in diphtheria. When a man has carefully studied the clinical evidence of typhoid fever, or diphtheria, he is better off than if he expects to depend on these laboratory tests. They are invaluable helps, but don't ever think that they are the "whole cheese."

Never be ashamed of Samuel Hahnemann! When you are asked if you are a Homœopath, say yes! and yes! * * * Tell them yes; do as I told them, when I was taken off my guard. A clergyman once asked me if I was a Homœopath? I asked him if he thought I looked like a damn fool? The Lord knows it is the truth. Tell them squarely that you are a Homœopath; and don't let the opinion of the community rest merely on what you say, but let it rest upon what you do. You will find out that the community has a peculiar way of watching you, and that very critically, and can soon tell whether a man is a liar or tells the truth, and you cannot go into a community standing on homœopathic principles and pretending to be a Homœopath, and use opiates, and calomel, and quinine, and every other blame thing; you won't have the reputation of being a Homœopath unless you are one, and that is what you should be.

They say that Hahnemann lived 100 years ago. It is strange how many of us get pretty old before getting over thinking that Hahnemann was not all right; that the fact that his writings were done so long ago necessitates our apologizing or explaining that if he had lived to-day he would have taught differently. As there is a God in heaven, I believe that Hahnemann, so far as his practice is concerned, would teach in 1910 just as he did a hundred years ago. Truth is eternal, and homœopathic facts are facts to-day, as much as they ever were, and he who thinks he must apologize for Samuel Hahnemann to save his reputation simply shows that he is mighty small calibre himself. If you are at all familiar with Hahnemann's writings you should be familiar enough to realize that practically everything concerning the facts of Hahnemann's life has been accepted. Where is the great advance in the therapeutics of the dominant school that is not based directly or indirectly on what Hahnemann taught. Don't feel for a moment that you or I, or any one, need apologize for Hahnemann.

Another thing. When you go away from here, be active factors in the profession, as Dr. Nichols has just told you. He told you also to go into the country. I have told that to class after class of students with very little effect, because the boys believe that they are especially fitted for large consulting practices in the city; but let me tell you confidentially that the greatest growth I ever had professionally, and the most money I ever made, was in the years when I was all alone in the country and did a country physician's work. I had more luck, more regular work, more opportunity for work and study than I have ever had since; and he who wants to do special work, and round up his career later, perhaps in a college, let him go into the country and utilize its infinite resources; and he will come up after fifteen or twenty years with a heart aching to leave it all, and yet be ready to seize the opportunities that offer themselves.

Finally, you, as students of the New York Homœopathic Medical College, should disabuse yourselves,—if you have a lingering suspicion that you are under no obligation to your alma mater, that you are paying for what you get—I don't know what your fees are, but from my knowledge of what you get—the things that really tell in your life—the kindly, warm, honest inspiration which comes from the teacher's heart—how, in God's name, are you going to pay for

that?—the advice you get every day, the benefits of ripened experience, the midnight oil he has to burn again and again to give you the latest, best, and most reliable instruction—how are you going to pay for that? Prove yourselves worthy of it when you go out! Step into the profession like men that have the consciousness of responsibility resting upon them. Do not expect to be the president of the State Society the first year of your practice, but begin at the bottom, and if you have that within you which will fit you to be a leader among men they will find it out and exalt you as quickly as you can bear it. Take with you a sense of undying gratitude to your teachers and alma mater, and every day be grateful for it, and pay it back in the most practical way, by seeing that other men sit on these benches which you now occupy. And God bless you all!

**ADDRESS TO THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY
OF NEW YORK, DECEMBER 12, 1910.**

**By Hugo R. Arndt, M. D., Field Secretary of the American Institute
of Homœopathy.**

The term professional evangelist answers my purpose very well, for I had a strong leaning to the ministry when I was quite young—from six to eight—and I would, therefore, put myself in the attitude of the preacher of a new gospel, and hope that my audience will listen to me good naturedly. As a matter, of course, my talks are expected wherever I go, and I am fully conscious of the fact that every one of the members of this society probably knows as much about the status of Homœopathy as I do. I have no new facts to present, no new things to talk about. I can only hope by my arrangement of facts and presentation of certain deductions from them to gain a hearing and to leave an impression.

As a matter of fact, the great issue between the schools to-day and the attitude of Homœopathy toward that issue depends upon the ardent endeavors of the dominant school of medicine to bring about a unification of all schools of medicine. Let me say in advance, that while, as a matter of course, I shall talk about what we have done, that I fully recognize that the gentlemen making this endeavor may be perfectly sincere—and I have no antagonism with that. I admire the ingenuity with which they have done their work, the infinite shrewdness with which they have gone step by step. We

happen to be the winner, but I regret that we did not recognize that fact sooner, instead of putting ourselves in an attitude of defence. Because we ourselves were happy and prosperous, our organization has suffered, and if that continues to suffer for twenty-five years more as it has for the last twenty-five years, there will not be enough of it left to send out a Field Secretary. In a general way, I admit that the old school has been successful; it has been rich, strong; in a general way I admit that it took the bottom from under our boat by lessening the importance of that which is to us a cardinal belief. And, perhaps, the fact that they ingratiated themselves into the confidence of the people made the people of the United States believe that they represented the great body of the dominant school and were the only true friends the laity had, and that the laity should stand by them and forsake the evil ways which led them to Homœopathy. In doing these things they have utilized twenty-five years with both the profession and the laity; they had their own work to do, and we should have looked out for our own. The first thing they did was simply to get into their own societies just as many of our men as they possibly could. Now, you in New York probably do not realize exactly just what the actual loss has been from that one source of endeavor alone,—but go beyond the Middle West—I guess you have lots of cases here too—but in the Middle and Far West you will, perhaps, find only one Homœopath in a territory covering many square miles. You can see how overpowering the tendency is in such loneliness to take the other fellow's extended hand—and to say to one's self—"I guess they are all right; it doesn't make much difference whether I am practicing this or that way; I am a physician and can still stick to the faith that I have been taught just as well by being a member of the old school state and county societies as though with my own people." From the best estimate I can make we have lost, at least, a thousand of our people by that means.

Beyond that, the most effective weapon of our friends on the other side has been the recognition of the fact that we, as a school, rest upon the firm belief that drugs are potent agents in the treatment of the sick. Osler expressed his views in therapeutic nihilism. He merely sounded the keynote that has been taken up. I beg you to remember that its wonderful effect upon our own destiny must be based upon the fact that we unqualifiedly and positively affirm

that drugs are a potent agent for good in the treatment of the sick. The dominant school says they are not. They carry that to the extreme in the far West. Since I have been living there for so many years, I feel better qualified to speak more positively than you in the East. It is unusual for a man in the dominant school to carry anything in the way of drugs in his pocket. Just to the extent that the dominant or any other school convinces the people that drugs are of no account in the treatment of the sick are they taking from us the right to exist, the right to maintain an organization, they cut away from our support the men who have faith in drugs—for Homœopaths use drugs. I have been prescribing them right along.

But not only have our friends been talking to the public. Do you realize the increasing proportion in which the magazines have been filled with articles on this thing and the other thing, and that the most important of them has been the uselessness of drugs? The people have been told not to take drugs, not to trust anybody who prescribes drugs, not to have anything to do with drugs. And beyond that they have gone a step further and have given the impression that, so far as the people are concerned, the so-called medical colleges are not run for the benefit of the people, but that they are for the injury of the people, that ninety-nine out of a hundred of the American medical colleges are simply private institutions, run either for the sake of some profit in dollars and cents, or for the sake of advertising certain men.

Here, again, the American Medical Association has come in and posed as the one friend of sick and suffering humanity, as the one body always unselfishly looking after them, protecting them from quackery and imposition of any kind. They have been closely and constantly appealing to the public conscience, and intelligence, and heart, to our decided, though well-merited, detriment.

Again, as presented by the old school, and as favored by the Carnegie Foundation, just to the extent that they can convince the people and the profession, if you please, the only place in which Homœopathy or medicine can be studied, and studied successfully, to anything like a degree worth having, is either in a state university or in a very large institution with a heavy endowment. To that extent they cut off our colleges, and they don't mind if they cut off one or two hundred of their own colleges, too, by default. We have only six or ten to lose—they have colleges in every part of the

country, and would not suffer if a large part of them went out of existence. On the other hand, they thus put in these state universities and in the endowed universities the almost exclusive right to prepare the way for an absolute control of all matters concerning medicine.

One of the agents that has been used in the development of this conception that drugs are of no use in the treatment of the sick is the board of medical examiners. I have not the time or the inclination to discuss the question of mixed or single boards, but let me point out to you one thing which you may not have thought of—that we may have more members than we are actually entitled to; but no matter whether we have or not, we are always in the minority; we have no right to demand to be in the majority on a mixed board. But what does it mean? It means that our representatives on these boards are bound to endorse the official actions of these boards whether it suits them or not—and we take the blame as an organization. In many of the states these examining boards, in their desire to show the people their sincerity in the claim that there is nothing in the use of drugs, have excluded from their examinations all that pertains to materia medica and therapeutics. Not only that, but in several of the states—quite a number of them—they have even gone so far as to exclude the theory of the practice of medicine; and one community, the State of Washington—has included even surgery, and in order to make up the full ten branches in which they have to hold examinations, they have separated obstetrics and gynecology, and make each an independent branch in the examinations. What does that mean? It simply means that they say to the people: “We don’t care what a man knows about drugs and so-called therapeutics; that doesn’t make him a physician; if he knows how to recognize a bug and knows how rapidly it can multiply, and how it thrives best—that is what we want a man to know who is practicing medicine in California, but who cares whether he understands the use of belladonna, aconite, etc.,—it does not matter.”

Let us not forget that medical legislation in every State in the Union is based on the claims they are making that legislative examination should exist to protect the people against the ignorance of men who are not well qualified to administer it. It is outrageous!

Suppose you are suffering from typhoid fever and send for a physician. There are a thousand reasons why you should and must

get well. The doctor sits down and tells you all about the typhoid fever micro-organisms, etc., how they multiply, etc., and talks to you for half an hour. What do you care about that? You want him to do something to make you get well. The examining boards ignore all the practical branches—they have no right to exist.

Beyond that we find the animus of the American Medical Association in the tendency to make for national legislation—to put all matters pertaining to health in the hands of a department or bureau.

The argument for that in place of the separate board is a begging of the question. Are you prepared to say that any body headed by medical men, composed of medical men, shall have it in their power to regulate all matters pertaining to medical men, control the curriculum, prescribe the requirements for graduation, take care of the public health, taking from the hands of yourselves the duty as well as the right to fight the spread of any disease that may make its appearance, interfering with all state issues and state affairs; and not only that, but controlling the conditions under which a man may enter research work in the service of the government? How far can you have that sort of thing, and not establish a fixed, absolute, state medicine?

I know something about state medicine in the old world, and I hope I shall never see it in this country. I know one thing; you need only think of France, for instance, with her great men who are homœopaths, and realize that if they had not a state medicine to put its grasp on them and say you cannot make a school of Homœopathy in France they would be powerful and influential. You know what magnificent men we have in the British Isles, yet they have been struggling under immense disadvantages in being unable to teach Homœopathy. In Germany it is the same thing; Homœopathy does not seem to be much thought of in Germany. I do not know any one in the old school of medicine who has much opinion of Homœopathy.

When we read the biography of Hahnemann, how he stayed up all night, having his wife struggling with the family washing, and that he was not allowed to stay more than eight or ten months in one place because the dominant state medicine told him to get out; the guild of apothecaries made him a wanderer on the face of the earth—it makes my blood boil to think of it, and to think that we should be such confounded fools in this country as to want any-

thing of the sort here. What would Homœopathy amount to in the United States—not its home, its birthplace, but the home of its adoption—had it not been for the men in the 40's who started that school? It is only the right that we have to teach Homœopathy to the young men who are coming in that has made us the strong, independent body that we are.

You may say that is talking rather positively. So it is. The time has come for a positive talk, and the mere fact that the opposition has been put to sleep in the community proves nothing. Let me appeal to those of you who have watched the history of medicine in the last thirty-five or forty years. Have they introduced any bill in any state but they hung to it until they achieved it in some way, and they will continue to do that until they have national as well as state legislation; and wherever it has been done it has been because we have been bribed by confidence. The most dangerous bill that has been drafted is one that is vague and not specific, and we cannot but admire the skill in leaving you under the impression that the old bill means something, yet you cannot say what they mean. After the bills are adopted they put their own construction upon it. Every bill that I have known anything about has been such that the courts would put upon them almost any construction they pleased.

We, as a school, during that time, have been doing what? We were handicapped by a broad liberality; we did not want to be called sectarian, and our friends of the dominant school asked what was the use of going by yourselves? "Come on, dominant medicine is big enough to take you to its arms. Join us; we can do more for you." It tickled us most to death. We have been dying ever since. We could not resist the temptation; we wanted to be generous; it tickled our vanity, and it sounded well to have the big, warm, old school men's hands in our own.

Then we have been under the mistaken idea that we were making converts. Souchon, in France, acknowledged that he was practicing Homœopathy. Von Behring actually declared some time ago that he could not explain the principles of serum therapy excepting on homœopathic principles. Lombroso, of Italy, was a homœopath. Do these three, or four, or five men constitute the dominant school? Not at all. Do you remember a great many years ago a man by the name of Ringer? That man in his "Therapeutics," a very able work, advocated squarely and fairly homœopathic indications, and in

minute doses. There was one, a very popular and strong man. He has been dead as a nail since he published that book. You have had some experience of this in your own town. Many years ago a man by the name of Piffard published some articles which homœopaths might well have written on the therapeutics of skin diseases, giving Rhus and other remedies. He defined the triturations and their use. How long did he keep that up here. All I know is that Dr. Piffard subsided. Gentlemen, the sooner we realize that our friends of the dominant school have not much use for the homœopathic law or practice the better off we are.

I cannot help but speak of a little incident that came under my observation a little time ago, illustrating how completely we fail to safeguard our school. Not many years ago, in Chicago, when the Committee on Pharmacopœia were to get out a supplementary report, some homœopathic drugs were suggested. What did they do with their profound knowledge and admiration of Homœopathy? Did they make provings on healthy people or on animals to determine results on the living organisms? No, they did not do any such thing, they simply referred the investigation to a committee. This committee found no very powerful chemical substance that was at all toxic or capable of producing a startling effect; they found that the homœopathic reports were exaggerated, unreliable, and recommended that no recognition be given to them.

We had better recognize the fact that as individuals we have had very good times during the last twenty-five years. We have not been kicked or ridiculed as when I was a kid; but, gentlemen, as an organization, we have gone to pieces. We still exist, but we have lost vitality, forcefulness, and the sooner we recognize that fact the better our chances to grow. We want to stand by our guns, and stand by our faith, if we have any.

The first practical thing is to hold our forces together, and then to find the men who have strayed from us; in these large cities many of the young men have drifted away. Ask them to come and meet with our society. Say to them that you want them to attend our organizations. Let them know that you want them. Don't find fault with them, but let them realize that the home is open, that their alma mater wants them, and that the men who were at one time their teachers want them, that the profession needs them. Coax them back. Can't we do that as well as the dominant school?

Can't we get them back? In one city we got back fifteen homœopaths; only a few of them known as homœopaths. No one in the community knew it. One of them was closely related to an eastern homœopath, another to a homœopath in the middle west. I travelled 900 miles to see these men, and meet them. They said: "Doctor, it's good to feel that we are one; when you come back again next year you will find us in better shape." You can't afford to sit still in New York because your individual position is one in which you can take pride. You have to get them back in order to get our organization up to the old standpoint; you have to stand by your societies. You can, if you want to, maintain a good organization; but has it ever occurred to you that in the country districts, where there are only three or four men, the aggregate of loss is very great, and that it is the business of some one to look after them?

Then take pains and reach them in some other way. Our societies must get hold of political affairs. We cannot afford to let every legislature have a dozen old school men there, and for the sake of saving a dollar or two remain away ourselves. Our old school friends seek political strength. After all the courtesies that have been exchanged, your political friends will try to see how many votes you can control. I have been told that our old school men go to the legislature for \$3.00 a day—not a bit of truth in that. They don't send their fools to the legislature any more than you would. Get in with the committees. They get in before we know what is going on. That has beaten us again and again, and has lost us much. Do you in New York take hold of public health questions as they do? Do you take the same interest in municipal affairs as they do? Are you as active in anti-tuberculosis work as they? If not, why not? Are you not physicians as much as they? And if you don't give the time and attention to such matters how can you blame the people when they believe that the regular profession stands by them and makes them well and strong, and the rest don't care about them at all? The time has come when you must take a hand in that kind of work, and the sooner the better.

As a matter of course, we must stand by our colleges. I was saying to some one to-night that the most encouraging sign is the acknowledgment that our colleges teach more and better than the old school colleges teach. They are right. On the other hand, what business have you or I, or any one, to criticise our colleges in any

way unless we stand by them and send them students. We don't do it. How many of us do it? The old men, thirty-five years ago, when they saw a young man or young woman who wanted to study medicine persuaded them that Homœopathy was the thing. That is the way to do. Help the colleges and control the colleges. If you and I do that, stand by them, send them students, and give them our support in every way possible, we will have the right to have them pay attention to our demands. You must not forget that you can go and tell the young men who want to study medicine that, in spite of the facts that Mr. Flexner shows in the *Reviews of Reviews*, the medical profession, so far as you are concerned, is not by any means overloaded. He shows that the supply greatly exceeds the demand. You know we can't fill the demand. We have not a half, or a third, or a quarter enough. There are thousands of openings in the middle west, in the south—cities of 25,000 or 30,000—that hardly know what Homœopathy is. Texas has hardly enough homœopaths to make a corporal's guard. The big state of Washington is begging for men, and California, with five or six homœopaths scattered all through the country, only needs bright young men to come and wait a little while to make themselves competent. Colleges—we have not many colleges, and I wish we had more, provided they were the right kind, and were willing to stand by the issue. The American Institute is your national body, and does not believe that a man needs to be an A. B. or a B. S. Any one who has taught as many years as I have, knows that it is perfectly unnecessary. I would much rather have a young man or girl from a good four year high school course, than a man from a college course thinking that he knows it all.

We are not, as a school, opposed to laboratories. There is no reason why we should be. The laboratory holds out the very promise and confirmations that we are eagerly looking for. Men have just begun to show what the laboratory can do; but we should and do object to wasting the student's time in laboratory work so that he has no time to study *materia medica* and therapeutics, and when he goes into the field knows nothing of the practical branches. If you can only make the examining boards insist upon having their views adopted, the ignoring of the practical branches in order that the people may be protected, it is possible that we may cease to exist as a school.

I have heard people complain because the Institute does not ac-

comply more. How can it if we do not give it our medical support, our national support, and attend its meetings? Let us be more active and attend more faithfully upon the work of the American Institute of Homœopathy.

Another thing, that is the revival of Homœopathy in our midst. So long as men think that they are serving the cause by refusing to plead guilty to the charge of being a homœopath, so long as American homœopaths refuse to glory in that they are homœopaths, so long as men will, like idiots, apologize for Samuel Hahnemann, and what they consider some of his vagaries, as if that great, noble old saint needed any apologies, so long as men are not willing to stand before a community and fight tooth and nail for Homœopathy, especially so long as individual men get along comfortably, and in the meantime the number grows less and less and the enthusiasm drops down with an ominous fall, the cause that we profess to love and that is dear to us suffers. We think that dominant medicine is going to take charge of Homœopathy; we talk of truth being eternal, and say that if Homœopathy is true the Almighty will take care of it so that it does not get lost. Is that the way that Providence acts? So long as those to whom the truth has been revealed are not true to their trust, so long as they don't seem to care whether it succeeds or not, are not willing to make any sacrifices for its support, its advances, what can you expect? Is the dominant school going to take it up? They are growing all the while more courteous, more respectful. They think a great deal of Homœopathy. Will you find a single old school journal that has in the last five years spoken courteously, intelligently and respectfully of Homœopathy? Has a single old school society in America wasted its time discussing Homœopathy? Will you find a single old school university that has been ready to introduce or to include Homœopathy in its course of study, not simply as a fad, not simply one or more men in a college or a student body of 500 or 2,000, but as an obligatory study that is demanded? That has a chair of Homœopathy recognized, supported by the State? Whose examination for a degree includes an examination for these branches? Not one. Wherever a state university has said, yes you may have a chair of Homœopathy, it is only admitting a straggler; just as in the University of Michigan we could not get a footing until we tied up the legislature. The legislature helped us, but not the governing bodies of the university. No, gentlemen, put away from your thoughts the idea that the old school will take

care of Homœopathy. If you want to live, you must take care of it. God Almighty put the responsibility in your hands, and don't you forget it.

Is it too late to accomplish anything? No, there is a good deal of hope for the old fashioned Homœopathy, and we should work for it with all our might and main. You remember the story of the acorn put in the ground. Even now it has attained considerable proportions, by and bye it will be a big tree, in the shade of which nations of the world shall find healing. Let us, as homœopaths, keep the ground in which the oak tree rose well furnished with all the sustenance it requires, trim the dead branches, keep it in fine shape, so that it can breathe the free air of God's truth, and water it, not with tears of despondency, but with the faith of our cause, and then Homœopathy will not be Homœopathy questioned, but Homœopathy militant, and Homœopathy triumphant in the end.

**ADDRESS BEFORE THE HOMŒOPATHIC MEDICAL SOCIETY OF THE
COUNTY OF NEW YORK, DECEMBER 12, 1910.**

**By Walter E. Nichols, M. D., Vice-President of the American Institute of
Homœopathy.**

I spent two or three hours in preparing a speech for this evening, but as I have just received a hint that I had better not give it, I will be brief.

You have probably heard of the colored man who was a minister of the Gospel, and was accustomed to preaching somewhat at length. One day as the men in the congregation disappeared, and the women, too, one by one, and the minister continued preaching, unconscious that he had not a full congregation, the janitor finally got up and handed up the key of the church door, and said: When you get through, you can lock the door. I should have looked on the programme and noted that my good friend preceded me. He has the habit, I think, of getting enthusiastic, and I don't get a full share usually, but I hoped that I might in my own home town. However, he has laid before you better than any of us can what we must do to rejuvenate and revive the cause that is just and must not fade from the earth, and I will only say a few words.

You may have heard the Chinaman's definition of a toboggan. "Walkee long; walkee backee milee." The American Institute of Homœopathy is our national organization, and every homœopath in the country should be a member of it. We have found that the holding of the meetings in different places is a great stimulus to

membership. At the meeting in Kansas City in 1908, 64 per cent. of the men who joined that year lived within 500 miles of Kansas City. At Detroit, in 1909, a more thickly populated district, 66 per cent. of those who joined lived within a radius of 500 miles. At the meet in Pasadena 41 per cent. lived within that distance.

Now there is a glorious opportunity, considering the density of the population in the vicinity within 500 miles of Narragansett Pier, for every one of you to increase the membership of the American Institute. Each and every one of you should become a committee of one to see that your fellow practitioners are members of the Institute. We have had a great revival in our section of the country. One-seventh of the members of the Institute are from California. We see to it that every man who comes into one of our local societies or clubs becomes a member of the Institute, if not one already. We see these men immediately, half a dozen of us, if necessary, and find out the reason they were not members, and get their applications. So we have had, within three years, one-seventh of the membership of the whole Institute Californians. You have a great opportunity here, for it is the densest population in the United States, and you should have at least one hundred to one hundred and fifty new men from New York City for the Institute. In the last three years not one single member has joined the Institute from the New England States—not one member in three years. You should reach out. There is a great tendency in these small districts to draw in. California reaches from Maine to Florida. On the other coast we try to keep in touch from one end of the state to the other. Massachusetts has less than 2 per cent. of the membership of the Institute. All of New England and New York have but 14 per cent. of the increase in the last three years. These are facts, and you have now the greatest opportunity that has ever offered to overcome these facts; and permit me to say that if you in any way permit the American Institute of Homeopathy to be lessened in numbers, just then will all of your colleges and schools be lessened in strength. I spoke of California. I cannot help it, for we have been working hard there. Half of the membership taken in in the last three years has come from five states in the Middle West, the farthest east being Ohio. We must face these facts and find out why. It is the duty and the opportunity for every society to find out which of its members are not members of the Institute, and induce them to join it.

EDITORIAL

JANUARY.

The CHIRONIAN wishes all its patrons a very happy and prosperous new year. For itself it will endeavor to give its readers full value for time spent in reading it.

This number contains some valuable papers on Homœopathy and may very properly be called a "*Propagandistic Number*." The papers presented at Utica at the meeting of the Homœopathic Medical Society of Central New York on December 9 are printed in full. Likewise, full stenographic reports of the speeches made by Dr. Walter E. Nichols, Vice-President, and Dr. Hugo R. Arndt, Field Secretary of the American Institute of Homœopathy, before the students and faculty of the New York Homœopathic Medical College and Flower Hospital, and before the Homœopathic Medical Society of the County of New York. They should be carefully read by everyone interested in the cause of Homœopathy.

THE COLLEGE.

During the past quarter a great many improvements have been inaugurated at the College. The increased enrollment strained the physical capacity of the plant. Whereas the college attendance in 1907-1908 was the smallest since the sixties, the enrollment this year is the largest in the fifty years' history of the institution. With an attendance doubled in two years it has been difficult, on such short notice, to bring the equipment to the necessary point of efficiency. Take the one item of microscopes, for instance. It was imperative that three dozen high power oil immersion instruments, in addition to those already on hand, should be supplied. There were ordered from Germany at an expense of about \$3,000. The institution now possesses over a hundred high class microscopes.

Beside work in general medicine is required of every senior student. He is assigned patients and sees them daily. He makes the physical examination, examination of the sputum, blood, and excreta, takes the history, and reports at regular intervals to the in-

structor who spends certain hours every day in the Clinical Laboratory for consultation with the students. Heretofore, surgical instruction was given greater consideration than medical. In spite of an increase on the surgical side, however, the marked improvement in the teaching of clinical medicine has practically equalized the instruction.

Even if it deals with dead subjects, the Department of Anatomy is thoroughly alive. Prof. Lloyd has been embarrassed by the delay in completing the Junior Lecture Room, but is now making use of the new projectoscope. This modern teaching method is very popular with the student body and undoubtedly simplified the teaching of a hard subject. The slides used show an immense amount of hard work and a fine discriminating sense in their selection.

In the Dispensary most of the specialties are housed in new quarters. The west wing of the College building, first floor, has been newly fitted up for this purpose. An entrance has been provided by cutting through the west wall. Here is a waiting room and out of this the patients may go to the Physical Therapeutic, Nervous, Eye, Ear, Throat and Tuberculosis Clinics. The X-ray work has become such an important part of modern diagnosis that it has been found necessary to have an "X-rayist" on duty all the time. A photographic and developing room provides local facilities for prompt service. The perfection of the skiagraphs is surprising to one who has but casual knowledge of recent progress in this science.

The new Bacteriological Laboratories are practically finished. The furniture and equipment are being installed and the students will begin work next semester. Extravagant things have been said and written of this improvement, but the realization justifies the early enthusiasm. These laboratories are unexcelled in America. This institution is equipped for and prepared to make the Wasserman reaction, the Noguchi test, the Widal reaction, and all the other modern diagnostic tests. The graduates of our College will be familiar with the methods of preparation and the uses of the vaccines and sera, and all the theories of immunity and bacterial therapeutics. A proper sense of proportion is bound to be observed, because the director of these laboratories is a "dyed-in-the-wool" homeopathist.

There are many things to be said, did time and space permit, but it certainly is due Dr. Sprague Carleton that some reference be

made to his progressive ideas of instruction. Largely at his own expense he has equipped his clinic room with all the latest devices for genito-urinary examinations. One must needs be a mechanical and electrical genius to understand all the "scopes" he employs. He has at his elbow a microscope and the necessary stains. Under his direction, and before the patient has time to dress, the microscope has confirmed the diagnosis. The student is so grounded by the actual doing of the scientific technique that he must be able to imitate the methods in his own office. Unfortunately, not all modern instruction is so readily followed.

The Department of Materia Medica continues its successful and interesting "Therapeutic Clinic." Plans are under way to illustrate some of the lectures on Materia Medica, by presenting at each lecture a series of patients, actually demonstrating the symptoms narrated by the lecturer. This has long been the ideal of Prof. McMichael's mind, and the authorities hope to make it possible for him to realize it.

THE NEW YORK CENTRAL EXPLOSION.

On the morning of December 19, 1910, an explosion occurred in the yards of the New York Central Railroad at Lexington avenue and Fiftieth street, that killed twelve people outright and injured several hundred others more or less severely. The Flower Hospital did excellent work in this great emergency and was praised by the city officials and by the daily papers.

Five of the ambulances with all but one member of the house staff were soon on the scene, where many minor wounds were cared for. The house surgeon remained at the hospital to care for those brought in. Several of the visiting surgeons answered telephone calls from the hospital and spent the day there. Some fifty cases in all were taken to the hospital to be treated. Eighteen of them were entered as bed patients owing to the seriousness of their injuries. Two of them had eyes removed. One of the eighteen has died since.

The emergency was handled promptly and creditably by every one concerned.

WORK AT THE FLOWER HOSPITAL FOR THE MONTH OF DECEMBER, 1910

Number of ambulance calls	626
Number of patients treated in emergency room	608
Number of surgical cases admitted to hospital	198
Number of medical case admitted to hospital	102
Number of maternity cases admitted to hospital	16
Number of cases treated in the out-door department	2,674

BOOKS FOR THE LIBRARY.

Editor of the *CHIRONIAN*:

The first to respond to our request for old books with engraved plates is Dr. Joseph Hasbrouck, of Dobbs Ferry, N. Y. He has sent us four volumes by Prof. Lebert, of the University of Zurich, entitled "*Traite de Anatomie Pathologique*." Two of the volumes are in text (French) and two are made up of fine engraved plates of various pathological conditions. This treatise was published in 1857, and the engravings are superb. Cysts in the wall of the heart, keloid tumor and urinary calculi are the titles of a few of the engravings, which particularly attracted our attention.

Many think a book published ten years ago is out of date. But a great number of the old time publications contain, as this series does, engravings of rare conditions and true to life. We are not aware of a modern publication which contains such engravings as this book. A finished physician should have a knowledge of the history of disease, and such works as this give an opportunity to view conditions from the standpoint of the clinician of that date.

Along with this group came Bock's "*Atlas of Human Anatomy*," 1880. This work is also notable for fine engravings, particularly of the heart. We aim to make our library a place where any physician can come and get the old as well as the new. Tucked away in these old works are pictures which will be of assistance to men who are teaching in the college, and to anyone who wishes to follow up any disease from the time it was named.

R. I. LLOYD.

ALUMNI NOTES.

The following editorial appeared concerning Dr. G. Forrest Martin, '90, in the Lowell Courier Citizen of December 22d, last:

The Health Board.

As we understand it, the aldermen confirmed the appointment of Mr. Osgood to the Board of Health in the idea that thereby a fairly good appointee was assured, whatever might be the result when the mayor sent to the next Board of Aldermen the appointment of *Dr. Martin*, the present chairman. It seems to have been feared that the next board might refuse confirmation to Dr. Martin, even if the appointment were made, so that it might be well to take the bird in the hand. Another view, and possibly an erroneous one, is that the confirmation of Mr. Osgood might be based on a desire to make the situation politically embarrassing for Mayor Meehan, who is assumed to have made political promises based on the theory that he would have two places on the board to fill instead of one. That basis for confirmation would be reprehensible, and we trust it was not the impelling motive. Now Dr. Martin has made a most energetic chairman for the health board. His continued services are urgently demanded by every decent citizen, and the securing of them is of vast importance to the welfare of the city. Whatever else happens, it is now up to the mayor to name him when the time comes; and if the new aldermen do their full duty to the city that elected them, they will confirm the appointment unanimously. By so doing they will start the year right. By refusing they will put themselves "in bad" at the drop of the hat. Whether the aldermen, by their present action, have made it embarrassing for the mayor, we don't pretend to know. Many assume that they have. But the mayor, if he is alive to the needs of the city in a most vitally important direction, will send in the name of Dr. Martin at the proper time, and receive aldermanic support therein if the next aldermen are capable of running the city at all. The work undertaken by the Board of Health is important to every man, every woman, and especially to every child in Lowell. It would be little short of criminal to interrupt that work by making cheap political considerations influence future action. Nor is it too early to bring public pressure to bear on every member of the new city government who will be concerned in the matter, to the end that the public's sentiment in the matter shall be understood beyond the peradventure of a doubt. This isn't a political matter. It affects our public health.

Dr. Bukk G. Carleton and Dr. Sprague Carleton, their offices being totally destroyed by fire, are temporarily located at 204 West 55th street, where they will remain until their residence can be reconstructed. Office hours, 9 until 1, Sundays, 9 until 10, and by appointment. Telephone, Columbus 5000.

OBITUARY.

A. Proctor Sherwin, Jr., M. D., '85, died at his home, Suffield, Conn., on November 22, 1910, from pneumonia, aged 50.

Suddenly on Saturday, December 17, 1910, Eleanor Lois, infant daughter of Dr. and Mrs. Carl H. Wintsch, '95, of Newark, N. J.

**THIRTEENTH ANNUAL MEETING OF THE WASHINGTON HOMŒOPATHIC
MEDICAL SOCIETY, SHOREHAM HOTEL, SATURDAY EVENING,
DECEMBER 10, 1910.**

The program for the meeting was as follows:

Call to order by the President, Introductory, Ira W. Dennison, M. D.; "Medical Inspection of Schools and the General Practitioner," Herbert D. Schenck, B. S., M. D., Consulting Ophthalmologist of the New York State Department of Health; Introductory, J. B. Gregg Custis, M. D.; "Practical Presentation of Percentage Feeding" (Illustrated), J. Herbert Moore, M. D., Professor of Materia Medica and Diseases of Children, Boston University, School of Medicine. General discussion. "Present Status of Our School," H. R. Arndt, M. D., Field Secretary of the American Institute of Homœopathy. Gaius J. Jones, M. D., President of the Institute, and Walter E. Nichols, M. D., First Vice-President, were present and addressed the society.

**OFFICERS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY
OF NEW YORK FOR 1911.**

President, J. Perry Seward, A. B., M. D.; Vice-President, Rudolph F. Rabe, M. D.; Secretary, Lindsey F. Cocheu, M. D.; Treasurer, E. Welles Kellogg, M. D.; Necrologist, Charles Ver Nooy, M. D.; Censors, Wm. Francis Honan, M. D., Anson H. Bingham, M. D., Jno. Strother Gaines, Jr., A. M., M. D., Addison S. Boyce, M. D., Reeve Turner, M. D.

**THE DECEMBER MEETING OF THE NEW YORK HOMŒOPATHIC
MATERICA SOCIETY.**

The December meeting of the Homœopathic Materia Medica Society was held at the office of Dr. Von Bonnewitz. Dr. Duncan

presented a paper, entitled "A Dissection of Homœopathic Philosophy" along the lines of his paper in the November CHIRONIAN. Dr. Laidlaw presented a paper, entitled "The Relation of Homœopathy to Bacteria Therapeutics," which will be published in a later issue.

The following officers were elected for the ensuing year: President, Dr. O. R. Von Bonnewitz; Vice-President, Dr. W. H. Freeman; Secretary, Dr. C. G. Webster.

BOOK REVIEWS.

A TEXT-BOOK OF BACTERIOLOGY, A PRACTICAL TREATISE FOR STUDENTS AND PRACTITIONERS OF MEDICINE. By Philip Hanson Hess, Jr., M. D., and Hans Zinsser, M. D. Published by D. Appleton & Co.

This book is a treatise of the fundamental laws and technique of bacteriology covering the subject up to 1910 in a most complete and comprehensive manner.

Its section on Infection and Immunity is the most complete and concise handling of the subject that has been published in any text-book on bacteriology. The technique of serum reactions is logically and concisely approached in a manner that makes performance of the tests intelligent and simple.

The section devoted to Pathogenic Micro-organism is very complete in the discussion of staining, reactions, culture differentiations and serum reaction as well as carefully covering the pathogenic relations. A section is devoted to diseases of unknown etiology and a final one to the bacteria in air, soil, water and milk. The general arrangement of the text, its scope, so thoroughly up to the minute, makes it a most desirable book for the student of the subject, as well as the practitioner of medicine.

ESSENTIALS OF LABORATORY DIAGNOSIS. Francis Ashley Faught, M. D. Published by F. A. Davis & Co.

This book is a concise outline of methods employed in general laboratory diagnosis, covering a brief description of the microscope and its equipment and technique for use.

A chapter is devoted to the examination of sputum. Several chapters are devoted to the Blood, covering the methods of blood

examination, differential count, bacterial examination, the blood pressure and its variations, coagulation properties, the blood parasite, and a very brief description of opsonic methods. Laboratory methods in the examination of stomach contents, faeces, urine, cerebrospinal fluids, and body fluids in general, are concisely treated.

A chapter is devoted to Bacteriological Methods, covering briefly the general technique of staining, culturing and sterilizing.

The chapter on Serodiagnosis covers the Widal, Wasserman and Noguchi reactions, and, while brief, is concise and sufficiently in detail to enable one possessing a general laboratory training to successfully carry out these tests. The book is evidently not designed to supplement the text-books which treat exhaustively the subjects contained, but rather to convey to the busy practitioner simple and concise methods in making use of laboratory methods in clinical diagnosis. In this, it is a book of unequaled value to the practitioner and student.

NATIONAL CONFEDERATION OF STATE MEDICAL EXAMINING AND LICENSING BOARDS.

The National Confederation of State Medical Examining and Licensing Boards will hold its twenty-first annual meeting in Chicago, Ill., on Tuesday, February 28th, 1911, at the Congress Hotel.

The subjects to be taken up at this meeting will be a consideration of the State Control of Medical Colleges; a report by a special committee on Clinical Instruction; a report on a proposed *Materia Medica* List by a special committee; the report on a paper presented at the St. Louis meeting by Mr. Abraham Flexner, of the Carnegie Foundation for the Advancement of Teaching, and some special papers on such subjects as the Regulation of Medical Colleges, Necessity for Establishing a Rational Curriculum for the Medical Degree and others, by men eminently qualified to prepare papers upon such subjects.

These topics are all of practical and vital interest to medical colleges, medical examining boards, the profession at large and the public. The symposium will be composed of ten papers and be presented from the viewpoints of state, law, *medical colleges, state medical examining and licensing boards and the medical profession*. The contributors of papers to the symposium on State Control of

Medical Colleges are men of the highest attainments in matters pertaining to state, law and the medical profession, and their production will be worthy of the most careful consideration. The chief object of the symposium is to determine as far as possible, the feasibility of placing medical colleges under state control. The special committee on materia medica made a report at the St. Louis meeting of the Confederation, June 6, 1910, and it was continued and instructed to report again at the next annual meeting of the Confederation in 1911. The report of this committee made at St. Louis has received very favorable comment by many of the editors of medical journals, and should receive at the Chicago meeting extended and careful consideration. The report on Mr. Flexner's paper is published in the proceedings of the St. Louis meeting of the Confederation, page 64, and will be open for discussion at the Chicago meeting.

An earnest and cordial invitation to this meeting is extended to all members of state medical examining and licensing boards, teachers in medical schools, colleges and universities, delegates to the association of American Medical Colleges, to the Council on Medical Education of the A. M. A., and to all others interested in securing the best results in medical education.

The officers of the Confederation are: President, J. C. Guernsey, M. D., 1923 Chestnut St., Philadelphia, Pa.; Secretary-Treasurer, George H. Matson, M. D., State House, Columbus, O.